

APPLICATION GUIDE

Public Health Corps COVID-19 Disparities Initiative

Thank you for your interest in the Public Health Corps COVID-19 Disparities Initiative. The purpose of this guide is to provide detailed instructions to assist Applicants to prepare and submit their applications. The guide contains a complete list of the questions included in the application, as well as instructions and other helpful tips for planning and organizing your application. The following sections are included:

- **Application Overview (page 1)**
- **Application Steps (page 1-3)**
- **Application Checklist (page 4)**
- **Application Eligibility Attestations (page 5)**
- **RFP Application (page 6-12)**
- **Proposal Budget Instructions (page 13-15)**
- **Attachments (page 17-21)**

To be considered for an award, Applicants must submit their completed application by **October 4, 2021** ~~September 17, 2021~~ at 11:59 p.m. EDT. Applications must be submitted via Survey Monkey using the following link: <https://www.surveymonkey.com/r/8KTGXZZ>. Late applications and applications submitted via e-mail will not be accepted.

Application Overview:

Applicants will first 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. The application consists of the following sections:

- Section I: Applicant Eligibility Attestations
- Section II: Applicant Information
- Section III: Organization Qualifications
- Section IV: Applicant Type
- Section V: Capacities and Plan
- Section VI: Proposal Budget **and Audited Financial Statement**

Before getting started, Applicants should review the application and submission instructions included below.

Application Steps:

Step 1: Getting Started

Read the RFP carefully to ensure the opportunity aligns with your organization's capacity and focus. Take note of the review criteria on page 19 of the RFP and keep them in mind as you prepare your application.

Step 2: Confirm Eligibility

Confirm your organization's eligibility by completing the Applicant Eligibility Attestation on pages 5-6 below. To be eligible, organizations must be able to attest to all statements.

Step 3: Applicant's Conference

Attend the virtual Applicant's Conference which will be held via Zoom on Tuesday, August 31, 2021 from 2:30 p.m. to 3:30 p.m. 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.

Register using the following link:

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 by computer and/or by telephone.

Step 4: Budget Information Session

Attend the virtual budget information session which will be held via zoom on Thursday, September 2, 2021 from 12:00 p.m. to 1:00 p.m. While participation is not mandatory, it is recommended Applicant's utilize this opportunity to review budget proposal instructions in detail and ask any questions related to the budget section of the RFP Application.

Register using the following link:

<https://us02web.zoom.us/j/83142647582?pwd=QW5mMFpnb2M5MDFUN0duWXdrYlZPZz09>

After registration, a confirmation email will be sent with information on how to join the session. Participants will have the option to join by computer and/or by telephone.

Step 5: Review Application Instructions

Read the full Application Guide and review all required forms and attachments. Applicants should use the Application Checklist on page 5 of this guide to ensure they are aware of all required elements. The following required forms can be found at the end of this guide or must be downloaded from FPHNYC's website: <https://www.fphnyc.org/get-involved/rfps/>

1. Attachment A: Applicant Signature Form (page 17)
2. Attachment B: Coalition Member Commitment Form (page 18)
3. Attachment C: Letters of Support (page 19)
4. Attachment D: Capacities and Plan (page 20)
5. Attachment E: Proposal Budget Form (Page 21)
6. Attachment F: IRS Form W-9 (page 21)

Develop an application timeline that includes a detailed plan for how and when everything will be accomplished, given your organization's time and resources. Be realistic about the time it can take to write and revise responses, prepare forms and attachments, incorporate feedback, and complete the online application.

Step 6: Prepare Ahead of Time

Prepare answers to all application questions, complete all attachments, and gather all file uploads. If responses and all required documentation is prepared in advance the application should take approximately 15-20 minutes to complete.

Step 7: One Last Check

Conduct a final check of FPHNYC's website (<https://fphnyc.org/get-involved/requests-proposals/>) for any addenda that may have been issued. If addenda have been issued, please review carefully and incorporate the information into your application, as applicable. Applicants must also complete and sign the Acknowledgement of Addenda form

Step 8: Schedule Your Application

Schedule time to complete the online application. The application must be completed in one sitting so please be sure to set aside plenty of uninterrupted time. Please note that ***if you exit the application without completing it, your answers will not be saved.***

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.

Step 9: Last Step

Complete the online application via Survey Monkey using the link posted at: <https://www.fphnyc.org/get-involved/rfps/>. The application link will be posted within 48 hours of release of the RFP.

Once submitted, Applicants will see the following confirmation message, "Your application has been successfully submitted and will be reviewed by the selection committee."

APPLICATION CHECKLIST

Instructions: Please use this Request for Proposals (RFP) Checklist to ensure all required elements in the application are prepared and submitted.

_____ Section I: Applicant Eligibility Attestation

_____ Section II: Applicant Information

- Upload Attachment A: Applicant Signature Form in PDF (*signatures required*)
- Upload Attachment F: IRS Form W-9 (*signature required*)

_____ Section III: Organization Qualifications

_____ Section IV: Application Type

If Applying as a Coalition:

- Upload Attachment B: Coalition Member Commitment Forms combined in 1 PDF (*signatures required*)
- Upload Attachment F: IRS W9 Forms for coalition members combined in 1 PDF (*signatures required*)

_____ Section V: Capacities and Plan

- Upload Attachment D in 1 PDF

_____ Section VI: References

- Upload Attachment C: Letters of Support. Combine form and all 3 letters of support in 1 PDF

_____ Section VII: Proposal Budget **and Audited Financial Statement**

- Upload Attachment E: Budget Proposal Form (see page 13 of this guide for instructions)
- **Upload lead applicant's audited financial statement**

SECTION I: APPLICANT ELIGIBILITY ATTESTATION

Applicants will be required to indicate that they meet the minimum requirements of this RFP on an “eligibility quiz” before entering the rest of the application.

If you have concerns about the minimum requirements and would like to discuss your eligibility, reach out to Alexis McLauchlan at amclauchlan@fphnyc.org.

Instructions: Please respond to the following attestations to demonstrate your organization's eligibility for the COVID-19 Disparities Initiative. For more information on applicant eligibility, please refer to pages 6 of the RFP.

1. I attest to my organization's status as a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status. (Yes/No)
2. I attest that my organization has a public-facing physical office location in the selected neighborhood. (Yes/No)
3. I attest that upon receiving this award, my organization will be advertised as a network hub for navigation of COVID-19 services and information for the selected neighborhood and serve any community residents in the catchment area. (Yes/No)
4. I attest that my organization will have collaborative, non-competitive, relationships with contractors from other COVID-19 initiatives in their catchment area with whom they may share similar deliverables. (Yes/No)
5. I attest that my organization has existing staff in Community Health Worker (CHW) or related roles and existing institutional relationships to engage with key stakeholders and residents alike in the neighborhoods. (Yes/No)

Please press "Next" to continue. If your organization is found eligible, you will proceed to Section II: Applicant Information.

SECTION II: APPLICANT INFORMATION

Instructions: Please complete the information about your organization below.

1. Applicant Organization Name
2. Business Address
 - Street Address 1
 - Street Address 2
 - City
 - State
 - Zip Code
3. Program Site (for proposed UHF neighborhood if different than business address)
 - Street Address 1
 - Street Address 2
 - City
 - State
 - Zip Code
4. Program Site 2, if applicable (for proposed UHF neighborhood if different than business address)
 - Street Address 1
 - Street Address 2
 - City
 - State
 - Zip Code
5. Contact Name
6. Contact Title
7. Contact Email
8. Contact Phone Number (*Please format xxx-xxx-xxxx*)
9. Federal Employer Identification Number
10. Year Incorporated/Founded
11. Organization Mission Statement
12. Organization Website
If your organization does not have its own website, please enter "NA."
13. Please upload your organization's Applicant Signature Form (Attachment A of the RFP).
Please note that a completed Applicant Signature Form must be submitted for an application to be considered complete.

14. Please upload your organization's IRS Form W-9 (Attachment C of the RFP). *Please note that a completed W-9 form must be submitted for an application to be considered complete.*

SECTION III: Organization Qualifications

Instructions: Please complete the information about your organization's qualifications and experience below.

1. Does your organization have experience managing a team of at least 10 community-facing, health-focused staff (this includes community health workers, health outreach workers, peers, navigators, advocates, etc.)?
 - a. Yes/No
 - b. If yes, briefly describe
2. Are a majority of your leadership roles made up of BIPOC (Black, Indigenous, People of Color) staff?
 - a. Yes/No
 - b. If yes, how many BIPOC staff are in your organization's leadership team?
3. Does a majority of your leadership and staff reside in the proposed neighborhood?
 - a. Yes/No
4. Does your organization provide anti-racism training to staff? This can include implicit bias training, cultural competency training, or other similar types of training?
 - a. Yes/no
 - b. If yes, please describe
5. Please list the top three populations your organization serves and is primarily focused on in your work. Responses should specify race, ethnicity, or immigrant/undocumented communities.
 - a. Please state the top three populations
6. Please select the aspects of neighborhood health your organization focuses on from the categories below. If there is an aspect of neighborhood health your organization focuses on that is not on the list below, please write in the "other" text box.
 - a. People over the age of 65
 - b. People with disabilities
 - c. People experiencing domestic/intimate partner violence
 - d. People with faith-specific needs, such as Haredi communities
 - e. People with informal job situations, including sex workers
 - f. People experiencing homelessness or unstably housed
 - g. People who are justice-involved
 - h. People with Limited English Proficiency
 - i. People living with chronic disease
 - j. People living in public housing
 - k. People of LGBTQ+ and TGNCNB experience
 - l. People with mental or behavioral health needs
 - m. People who use drugs
 - n. Youth/young adults
 - o. Other – Text Box

7. Is your organization committed to making a good faith effort to hire Vaccine for All staff in at least 4 CHW positions, provided that the applicants have received CHW training and reside in the neighborhood of the award?
 - a. Yes/No
 - b. If yes, please describe

8. Is your organization a current contractor in the New York City Health and Hospital's Test and Trace (T2) program?
 - a. Yes/No
 - b. If yes, please state the zip codes your organizations serves through the T2 program

SECTION VI: Application Type

1. Please select the **one** neighborhood you are applying for as part of this application. You must have a location open to the public in the neighborhood you are applying to cover. The remainder of the application should be responded focusing on your activity in this neighborhood.

Please note: If you are applying to a neighborhood in Competition A and Competition B, you must submit a separate application for each neighborhood.

Neighborhoods for Competition A (See zip codes in each neighborhood here)	Address of the public location that qualifies you to apply (include full address with zip code)
102 – NorthEast Bronx	
105 – Crotona Tremont	
204 – East NY	
208 - Canarsie -Flatlands	
302 - Central Harlem	
303 - East Harlem	
402 – West Queens	
410 – Rockaway	
501/502 – Stapleton, St. George and Port Richmond	

Neighborhoods for Competition B (See zip codes in each neighborhood here)	Address of the public location that qualifies you to apply (include full address with zip code)
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	
403-Flushing - Clearview	
408-Jamaica	
504-South Beach - Tottenville	

2. Does your organization serve all zip codes in your proposed UHF neighborhood?
 - a. Yes/no
 - b. If no, please list the zip codes in the proposed neighborhood you do serve.

3. What type of applicant are you? **Please note: 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 is considered a single applicant, and not a coalition for purposes of this application**
 - a. Individual non-profit organization (check box)
 - b. Coalition (check box)

4. If applying as a coalition, please answer the following questions:
 - a. List all members of your coalition that will be funded to deliver on all or parts of the deliverables, including an address, contact information, and annual operating budget for each
 - i. Organization 1
 1. Name of Organization
 2. Address
 3. Contact name and title
 4. Annual operating budget
 - ii. Organization 2
 1. Name of organization
 2. Address
 3. Contact name and title
 4. Annual operating budget
 - iii. Organization 3
 1. Name of organization
 2. Address
 3. Contact name and title
 4. Annual operating budget
 - b. Are all coalition member organizations 501C3?
 1. Yes/No
 2. If no, please state which organizations are not in the text box provided
 - c. Do your coalition members have an established or existing relationship?
 1. Yes/No
 2. If yes, please attach any standing Memorandum of Understanding (MOU) or agreements in **1 single combined PDF form.**
 - d. Indicate which organization will be responsible for each deliverable as described in pages 11-14 in the RFP. Scopes of work will be tailored to those deliverables
 - e. Upload a signed Coalition Member Commitment Form for each coalition organization—upload **1 single combined PDF form.** *Please note that a completed Coalition Member Commitment form must be submitted for an application to be considered complete*
 - f. Upload a signed W9 form for each organization in your coalition – upload **1 single combined PDF form.** *Please note that a completed W-9 for each coalition member must be submitted for an application to be considered complete*

SECTION V: Capacities and Plan

The following questions should be submitted using Attachment D: Capacities and Plan. Please convert document into a single PDF and upload into Survey Monkey.

All answers to this section should be typed into Attachment D: Capacities and Plan and uploaded as a single PDF file. The document can be found at the end of this application guide and on the FPHNYC website here: <https://fphnyc.org/get-involved/requests-proposals/>.

Question 2: Letters of Support. Please fill out Attachment C: Letters of Support and combine with the 3 letters of support into 1 single PDF. The document can be found at the end of the application guide, RFP, and on the FPHNYC website here: <https://fphnyc.org/get-involved/requests-proposals/>.

Please note that a completed Capacities and Plan document must be submitted for an application to be considered complete

Organizational capacity

1. Describe your organizational capacity to take on a \$1 million contract, hire 14 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 and fill out 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.
Please note that completed Letters of Support must be submitted for an application to be considered complete
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. Be specific on:
 - a. How you will ensure the timely completion of First Quarter deliverables (page 11 of the RFP)
 - 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)

SECTION VI: Budget and Audited Financial Statement

All applicants must submit a line item budget **and a copy of their audited financial statement** with their application. The budget should include all personnel and other than personnel costs proposed for this contract. Attachment F: Budget Proposal Form can be found here: <https://fphnyc.org/get-involved/requests-proposals/>. Below are instructions for completing and uploading the budget **and the audited financial statement** into Survey Monkey.

Instructions for Completing the Budget Template:

Prepare a budget based on the competition you are applying for. The table below indicates number of months, project period, and maximum budget per competition. **You must submit a separate budget with a separate application if applying to both competition pools.**

Competition A

Applicant	Number of Months	Contract Period	Max amount
Applicants applying to serve a neighborhood for which they are not currently funded through a DOH-led COVID-19 initiative	18.5 ⁹ months	November 2021 – May 2023	\$2,185,000 \$2,403,500
T2 <u>or VEPE</u> organizations applying to serve a neighborhood for which they are currently contracted under the Test and Trace initiative	17 months	January 2022 - May 31, 2023	\$1,955,000 \$2,150,500

Competition B

Applicant	Number of Months	Contract Period	Maximum Budget
Applicants applying to serve a neighborhood for which they are not currently funded through a DOH-led COVID-19 initiative	7.5 ⁸ months	November 2021 – June 2022	\$920,000 \$1,012,000
T2 <u>or VEPE</u> organizations applying to serve a neighborhood for which they are currently contracted under the Test and Trace initiative	6 months	January 2022 – June 2022	\$690,000 \$759,000

1. If applying as an individual nonprofit organization:
 - a. **Only** fill out the first tab in the budget template labeled “lead applicant.”
 - b. Total Request amount in Column L cannot exceed the maximum budget amount listed in the table above based on application type.

- c. Indicate contract period in row 2 based on your selected competition and applicant type.
2. If applying as a coalition:
 - a. A separate budget for the lead applicant and each coalition organization MUST be completed
 - b. 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.
 - c. The lead applicant must fill out the first tab labeled “lead applicant” and the coalition member budgets must be filled out in the subsequent tabs.
 - d. Indicated the name of each coalition member organization under “Coalition Member Name” in row 1.
 - e. Indicate the contract period in row 2 based on the competition selected and applicant type. The contract periods must be the same for the lead applicant and all coalition member applicants.
 - f. The request amount in column L for the lead applicant and the request amount in Column L for each coalition member must not exceed the maximum budget amount listed in the table above based on application type.
 - g. The budget for the lead applicant and each coalition member should reflect the line items costs needed to complete the deliverables proposed for each organization.
3. The budget template contains formulas in Column K to auto calculate costs for each budget component. Applicants are required to fill in Column C - J to reflect the costs requested as part of their proposal.

PS (Personal Services) Expenses

4. Applicants should list all staff positions by position title, including any in-kind staff. This includes all Community Health Worker positions required in the RFP in addition to current staff who will be contributing to the project. Applicants should indicate percent FTE for staff who are not working 100% on this project.
5. The budget template contains two options for calculating staffing expenses based on either annual salary (Columns C-E) or an hourly rate (Columns F-H). Applicants may elect to use either of these options or may vary selection depending on the staff position. However, Applicants may use only one of these options per staff line.
6. If applicable, Applicants should fill in their organization’s established fringe benefit rate as a percentage in Column B. Fringe benefits are auto calculated given the rate entered into Column B.

OTPS (Other Than Personal Services) Expenses

7. Applicants should list all OTPS expenses individually. OTPS costs can include additional costs that go into operating the program, such as travel, office supplies, **including tablets, laptops, or other IT technology needed to staff to carry out program activities,** program supplies, and printing. All OTPS costs should be directly related to carrying out program activities.

7-8. Rent/space and utilities – if rent/space and utilities are not included in an applicant’s indirect costs, the applicant may include a percentage of those costs as

direct costs. Applicant must attach a separate document with their budget describing the methodology for calculating the direct rent/space and utilities costs to this project.

Unallowable OTPS costs: ~~Space/rent, utilities~~, meals/food, entertainment costs, large equipment and construction

Indirect Costs

8-9. Organizations with a Conditional Indirect Cost Rate (ICR) or Accepted ICR based on an Independent Accountant's Report or Negotiated ICR Agreement (NICRA) may budget using their established rate. All other organizations should budget using a de minimis rate of 10%.

Instructions for Submitting the Form:

1. The Budget Proposal Form must be uploaded and submitted as part of your organization's application.
2. Once the form is complete, the file must be converted to PDF before it can be uploaded. Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported through Survey Monkey.
3. To save your completed budget as a PDF file, please complete the following steps:
 - Click on the *File* tab
 - Select "Save As" from the options on the left side bar (or, if you're using an older version of Excel, select "Save As" from the *File* menu).
 - Select the relevant folder location for saving the file. Once the location is selected, the *Save As* dialog box will open.
 - In the dialog box, locate the *Save as type* field and click on the dropdown arrow.
 - From the dropdown menu that appears, select "PDF."
 - Click on the "Options" button (located towards the bottom of the dialog box). This will open a new dialog box for you to enter your formatting options.
 - Under the *Publish what* section, click on the "Active Sheet(s)" option.
 - Click OK to close the Options dialog box.
 - Now back at the *Save As* dialog box, click on "Save" to save the sheet and close the dialog box.
4. Once your budget has been converted to PDF, it will be ready for upload when completing your application in Survey Monkey.

Audited Financial Statement

All applicants must upload a copy of their latest audited financial statement in the space provided in SurveyMonkey. If applying as a coalition, only the lead applicant must provide their audited financial statement. If your organization does not have an audited financial statement, please upload a document stating why your organization is not required to have one.

You will now be directed to the Final Application Review and Submission screen.

FINAL APPLICATION REVIEW AND SUBMISSION

You have reached the end of this application. You may press "Previous" to return to any prior screens to review and/or change your responses. When you are ready to submit your application, please press "Done." Thank you for applying for this opportunity.

Please note that the applications cannot be saved and completed later. If you exit the application without completing it, your answers will not be saved. Be sure to set aside plenty of time to complete the application in one sitting. If responses and all required documentation are prepared in advance, the application should take approximately 15-20 minutes to complete.

Once submitted, Applicants will see the following confirmation message, "***Your application has been successfully submitted and will be reviewed by the selection committee.***"

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.

LEAD Applicant Organization	
Applicant Organization Name: 	
Certifications	
As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.	
<hr/>	
Signature of Project Director	Date
<hr/>	
Printed Name and Title	
 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.	
<hr/>	
Signature of Authorizing Official	Date
<hr/>	
Printed Name and Title	

ATTACHMENT B: Coalition Member Commitment Form

INSTRUCTIONS: Applicants must complete and submit a Coalition Member Commitment Form for each proposed coalition member under this project.

Subcontractor Organization	
Coalition Member Name:	Subcontractor DBA Name, if different:
Employer Identification Number:	Year Incorporated/Founded:
Organization Website:	Annual Operating Budget: \$
Business Address:	Mailing Address, if different:
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Information	
Proposed Contract Amount: \$	Percent of Total Project Budget:
Certification	
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.	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	

Please check if additional forms are attached.

Page _____ of _____

ATTACHMENT C: Letters 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.

Local Healthcare Organization	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Local Service Provider	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Local Resident or Business Association	
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 CVOID-19 Disparities Initiative. Please convert the document into a single 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 and fill out 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 (these can be found on page 11 of the RFP)
 - 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/>.