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**REQUEST FOR PROPOSALS (RFP)**

**VACCINE EQUITY PARTNER ENGAGEMENT  
NYCHA COVID-19 RECOVERY PROGRAM**

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**ISSUE DATE: October 25, 2021**

**APPLICATION DUE DATE: November 22, 2021**

**REPLY TO: [ALawrence@fphnyc.org](mailto:ALawrence@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. It seeks community partners to support equitable recovery from the COVID-19 pandemic by implementing community health worker programs in prioritized public housing communities (see Appendix B).

### 1. RFP Timetable

Request for Proposals (RFP) Release	October 25, 2021
Deadline for Written Questions	November 1, 2021
Q&A Posted	November 8, 2021
Application Deadline	November 22, 2021
Expected Funding Notification*	December 7, 2021
Expected Project Start Date*	January 11, 2022

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

### 2. 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:

- A. Applicants must be a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status.
  - Organizations without 501(c)(3) status may apply through an organization serving as a fiscal sponsor provided that the fiscal sponsor organization can provide proof of 501(c)(3) nonprofit status. More information on establishing a fiscal agent can be found here: <https://www.councilofnonprofits.org/tools-resources/fiscal-sponsorship-nonprofits>.
  - Applications will also be accepted from organizations working jointly or as part of coalitions. If applying as a coalition, one organization must serve as the lead applicant when submitting a proposal. Any proposed sub-awarding of funds should be clearly outlined in the application.
- B. Applicants must have a site in New York City and provide services within the five boroughs.
- C. If awarded, Applicants, or their fiscal sponsor, must agree to register as a City of New York approved vendor. Further detail on registering as an approved vendor can be found in Section III on page 18.

- D. If awarded, Applicants, or their fiscal sponsor, must agree to provide proof of required insurance coverage prior to work commencing. Further detail on insurance requirements can be found in Section III. on page 18. Guidance will be provided to assist Contractors with meeting this requirement.
- E. Applicants must be committed to having collaborative, non-competitive, relationships with grantees from other COVID-19 grants in their catchment area with whom they may share similar deliverables.

### 3. Identified Service Locations

The identified neighborhoods are approximate neighborhoods of public housing developments based on NYCHA’s [Neighborhood Model](#).

Borough	NYCHA Neighborhood	# Public Housing Developments	# Total Public Housing Residents
Brooklyn	Coney Island	10	12,402
	Canarsie and Sheepshead Bay	5	14,014
Bronx	Northeast Bronx	7	11,752
Queens	South Jamaica and Far Rockaway	12	13,477
Staten Island	All public housing developments	10	9,642

### 4. Anticipated Funding and Payment Structure

- Five organizations and/or coalitions will be awarded; one per NYCHA Neighborhood. Successful proposals are expected to be funded for a 30-month project period, with contracts awarded between January 11, 2022, and June 30, 2024. Please note: Year 1 contracts will align with the Department of Health and Mental Hygiene’s fiscal year which ends on June 30, 2022. Provided satisfactory performance, available funds, and continued need, organizations will be asked to renew contracts for years 2 and 3.
- Recipients are expected to be operational as soon as possible following contract execution.
- 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 Contractors may need upfront support to initiate project activities. Therefore, an advance of up to 25% of total contract value for FY22 may be available to recipients upon execution of the contract.
- Maximum award for each organization and/or coalition will be up to \$2,908,000 in the 30-month period.

## **5. Funding Priorities and Preference Factors**

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

- a. Applicants who have existing programs and services in the neighborhood they propose to serve.
- b. Applicants who currently serve or recently served NYCHA or public housing residents.
- c. Applicants with experience managing a team of community health workers (this includes peer workers, community organizers, navigators, advocates, etc.).
- d. Applicants whose organizations have a majority BIPOC (Black, Indigenous, People of Color) staff and leadership, including board leadership.

## SECTION II: SCOPE OF SERVICES

### A. Background/Purpose

The COVID-19 pandemic continues to have disproportionate and severe impacts on communities of color and other populations. The health inequities laid bare by COVID-19 are rooted in this country's history of systemic and institutional racism and disinvestment. Policies and practices such as redlining, government budget cuts to social programs and social infrastructure (including public housing and public hospitals), and government-backed segregation have restricted access to resources that promote health and well-being among communities of color. The New York City Department of Health and Mental Hygiene's (DOHMH) [COVID-19 Equity Action Plan](#) 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. DOHMH is working to ensure that pandemic recovery efforts are equitable and responsive to the needs of communities hit hardest by COVID-19.

Studies have shown that people living in public housing experience higher rates of adverse health outcomes than people in unsubsidized housing. The New York City Housing Authority (NYCHA) has the largest portfolio of public housing in the nation with about 400,000 residents living in 281 developments, of which 45% are Black and 45% are Hispanic. Several demographic characteristics put NYCHA residents at increased risk of severe illness or death from COVID-19, including higher proportions of older adults and essential workers. The driving force behind COVID-19 recovery is vaccination, however vaccination rates in NYC show clear inequities. Black individuals have lower vaccination rates (41%) compared to both Asian/Native Hawaiian/or Pacific Islander individuals (78%) and White individuals (50%).

The Vaccine Equity Partnership Engagement NYCHA COVID-19 Recovery Program (VEPE-NYCHA) will drive equitable pandemic recovery in public housing communities that have experienced longstanding health inequities stemming from historic and contemporary disinvestment and system racism. The program will fund community and faith-based organizations to advance equitable health outcomes in public housing communities by building up and utilizing a workforce of community health workers (CHWs). These CHWs will engage with residents in identified NYCHA neighborhoods to increase vaccination and access to health and social resources, as well as increasing community capacity for collective action to improve health. A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. CHWs will be focused on increasing COVID-19 vaccination, addressing social and health factors that increase risk of severe COVID-19 illness, and leading community wellness programs. CHWs can play a vital role in vaccination by educating communities with high levels of mistrust about the vaccine and facilitating access to the vaccine. In addition, CHWs play a critical role in support, prevention, and management of chronic conditions, such as asthma, diabetes, hypertension, and obesity, that are known to make individuals and communities more susceptible to severe illness and death from COVID-19. CHWs can also connect individuals suffering from the economic and psychological consequences from the pandemic to resources for survival and coping.

## **B. Project Scope of Work**

VEPE-NYCHA will fund Contractors to lead CHW outreach and vaccine navigation programs in the identified public housing neighborhoods. The CHWs are primarily tasked to provide vaccine navigation, lead group wellness activities, conduct wellness check-ins, host community conversations, and build community capacity to seek and/or create healthy conditions and acceptable services through advocacy to government and other service providers. CHWs will use motivational interviewing and other techniques to boost vaccine confidence and navigate community members to opportunities for vaccination. The primary goals of this program are: 1) to improve COVID-19 vaccination rates among NYCHA developments so that they meet or exceed citywide targets, and 2) foster a community-led and engaged culture of health in neighborhoods with health inequities to support COVID-19 recovery.

Resources that will be provided to contracted C/FBOs:

1. [NowPow](#), a cloud-based bi-directional referral system
2. DOHMH COVID-19 guidance and data
3. Access to DOHMH programs, public health expertise, and communication materials
4. Introductions to NYCHA's Health Initiatives team and facilitated connections to resident leaders and on-site contractors
5. Reporting tools
6. Support for developing tailored messaging, dispelling myths, and discussing vaccine fears and concerns
7. DOHMH's Center for Health Equity and Community Wellness' (CHECW) Community Engagement Data Team will support partners to conduct community surveys to better understand NYCHA's constituents' feelings and intent toward COVID-19 vaccination, content gaps, and motivators at baseline and as part of monthly program evaluation activities throughout the budget period.

## **C. Deliverables and Activities**

- Contractor's activities and location, as defined in the scope of services, are subject to modification at DOHMH's direction in response to COVID-19 data and pandemic response and recovery needs.
- Contractors should 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 and the CDC to ensure progress towards program goals.
- CHW staff and supervisors should reflect the linguistic/racial/ethnic/religious diversity of the identified neighborhoods. At least 70% of the CHW staff (excluding supervisors) must be permanent NYCHA residents. Salaries for CHWs must be a minimum of \$50,000 per FTE before fringe. Salaries for CHW Supervisors must be a minimum of \$60,000 per FTE. NYCHA's REES program will be available for assistance in recruiting NYCHA residents.

- Staffing level of CHWs and supervisors are equivalent across all contracted C/FBOs and must include:
  - a) 10 full-time equivalent (FTE) CHWs
  - b) 2 full-time equivalent (FTE) CHW supervisors

Contractor must make a good faith effort to replace staff within three weeks of any staff departures. If Contractor is not able to replace staff within three weeks of staff departure, Contractor must communicate this to DOHMH immediately.

- All deliverables should be informed by, and to the extent possible, developed with NYCHA residents and/or other community members.

**Requirements for payment**

Maximum award for each organization and/or coalition will be up to \$2,908,000 in the 30-month period. Payment will be performance based using the deliverables below. Year 1 contracts will align with the Department of Health and Mental Hygiene’s fiscal year which ends on June 30, 2022. Provided satisfactory performance, available funds, and continued need, organizations will be asked to renew contracts for years 2 and 3.

Contractors will be expected to invoice monthly for completed deliverables and will be required to submit weekly reporting for each deliverable.

**Deliverables Eligible for Payment**

<b>1. Personnel Management</b>
<b>Goal:</b> Identify all existing full-time and part-time staff who will be supporting the management, administration, and implementation of the program and hire new staff as needed. Staffing should include equivalent to a full-time program manager to oversee all aspects of the program and serve as the main point of contact for contract management.
<b>Scope</b>
a. <b>CHW workforce development:</b> Hire 10 FTE CHWs and two (2) FTE supervisors (at least 70% of all CHW staff excluding supervisors must be permanent NYCHA residents) within two (2) months of contract execution. Contractors will collaborate and coordinate with NYCHA Residential Economic Empowerment and Sustainability (REES) for CHW recruitment activities and pre-screening processes including verification of residency and candidate selection for initial onboarding and backfilling of vacant positions. Contractors will report any changes to their CHW staff and other program personnel, such as departures, new hires, and whether new hires are residents of NYCHA.

**b. CHW training:** Train all CHW staff within two (2) months of start date. CHW training can be provided in-house and/or procured from an outside vendor. CHW training should include a minimum of 70 hours for CHWs and CHW supervisors on this project. Late hires/backfills are expected to receive the same training as those brought on at the start of the contract. DOHMH must pre-approve either the CHW training curriculum or training schedule with brief class descriptions for both in-house trainings and contracted trainings. The training must include the following core competencies:

- **Communication:** Ability to use language fluently and confidently with the community served in ways that engage and motivate. Active listening skills and how to effectively prepare written communication.
- **Interpersonal Relationships and Cultural Competency:** Work as a team member to provide health coaching and social support. Ability to use interviewing techniques for motivational interviewing and practice cultural humility.
- **Service Coordination and Navigation:** Care coordination including identifying and accessing resources and overcoming barriers. Making appropriate referrals, developing individual and/or group action plan and goal attainment and the ability to follow-up and track care and referral outcomes.
- **Community Capacity Building:** Ability to help others identify goals and teach self-advocacy skills. Work in ways that increase individual and community empowerment. Network, build community connections, and build coalitions.
- **Advocacy:** Ability to speak up for individuals and communities. Advocate for policy change and contribute to policy development.
- **Education and Facilitation:** Use empowering and learner-centered teaching strategies to facilitate group discussions, activities, presentations, and collaborate with other educators as necessary. Ability to collect and use information from and with community members.
- **Individual and Community Assessment:** Ability to participate in individual and community assessment through observation and active inquiry.
- **Community Engagement and Outreach:** Ability to prepare, engage and disseminate outreach materials to community members. Develop and maintain a current resource inventory.
- **Ethics and Professionalism:** Maintain confidentiality, professionalism, and exercise integrity. Ability to apply critical thinking techniques and problem-solving skills. Balance of priorities and time management skills.

**c. Administration:**

- Provide all CHWs with organizational policies and procedures that address employee safety and other employee policies.
- Provide cell phones and laptops or tablets for all CHWs when working in the community to facilitate outreach and other service delivery activities.

**Deliverable**

<ul style="list-style-type: none"> <li>I. Monthly updates reported via the data portal with information on successful onboarding of CHWs, supervisors and other program staff. Reports should include names and titles of program staff, trainings completed, and results of training assessments. The first update is due within four weeks of contract execution.</li> <li>II. Copy of the contracting organization’s CHW curriculum and/or training schedule with brief descriptions of each class for pre-approval from the DOHMH and training attendance sheets (a minimum of 90% attendance rate is expected for all CHWs and supervisors)</li> <li>III. Submit organizations’ policies and procedures manual and/or summary of best practices for review.</li> <li>IV. Proof of equipment purchase for all CHW staff.</li> </ul>
<b>Payment: Up to \$118,000.00 for FY22 (6 months)</b>

<b>2. Relationship Building/Strengthening and Community Dialogue</b>
<b>Goal:</b> Build and strengthen relationships to increase understanding of the needs and priorities residents of the identified communities and increase vaccine confidence.
<b>Scope</b>
<ul style="list-style-type: none"> <li>a. <b>Relationship building:</b> In collaboration with DOHMH and NYCHA, establish new or strengthen existing relationships with NYCHA public housing residents and stakeholder groups such as Resident Associations, Property Management, and community-based organizations that manage NYCHA Community and Senior Centers in the developments within the identified catchment areas. NYCHA/DOHMH will help prioritize stakeholders and support initial introductions. Contractors will introduce their CHW program to stakeholders through meetings, presentations, and events to facilitate collaboration and ongoing partnership and dialogue. Contractors are expected to check-in with Resident Associations at least monthly during the contract period.</li> <li>b. <b>Community dialogue:</b> Contractors should conduct at least 1 community conversation per week (minimum 30 minutes) to engage in dialogue with all NYCHA residents to support vaccine confidence and identify the communities’ health and social needs and priorities. Dialogue can occur via new or existing community meetings, listening sessions, story circles, town halls or other forms of engagement to assess vaccination intent and reasons for not getting vaccinated. Community dialogue should include community needs related to COVID-19 (vaccination, treatment, public health guidance, etc.), health and social services, and systemic issues. Findings should be summarized in DOHMH data portal and incorporated into the contractor’s CHW intervention.</li> <li>c. <b>Community stakeholders’ forum:</b> Contractors will co-lead monthly NYCHA/DOHMH community stakeholders’ forum twice per year. Contractor is expected to attend all monthly forums, regardless of facilitation role. The forum will be the meeting space for all Contractors to engage with Resident Leaders and other NYCHA stakeholders city-wide to ask questions, get information, and collectively provide feedback on the COVID-19 vaccines and other challenges and concerns facing residents.</li> </ul>

NYCHA/DOHMH will support the Contractors in coordinating meeting space, event registration, and securing experts to facilitate health educational presentations/workshops. Every forum must address COVID-19 vaccines for at least 15 minutes.

**Deliverable**

- I. Monthly reflection report detailing Contractor’s relationship-building efforts submitted to DOHMH portal. The first report is due within one month of contract execution.
- II. At least 1 community conversation per week (minimum 30 minutes).
- III. Reflection report highlighting and analyzing issues and concerns shared by community stakeholders’ forum attendees and how analyses will be integrated into service delivery.

**Payment: Up to \$160,000.00 for FY22 (6 months)**

**3. Service Delivery**

**Goal:** Address COVID-19 inequities through services, referrals, and support of NYCHA residents by CHWs. Based on the needs identified by the communities, Contractor will tailor services to meet the unique goals and challenges of each community and individual. Contractors must also implement regular community health programming, which can include virtual and/or in-person health education/promotion events, group health coaching, info sessions, support groups, workshops, and capacity building initiatives for local leaders.

**Scope**

- a. **Outreach:** Develop a quarterly outreach plan (DOHMH will provide template) to reach public housing residents in each development to promote individual services and group wellness activities outlined below. Outreach plans can include direct mailings (NYCHA can provide address files), social media, existing outreach strategies, and other methods approved by DOHMH.
- b. **Vaccine navigation:** Engage and provide one-on-one and/or group consultations to 100 individuals per week addressing vaccine confidence and supporting an individual in getting their COVID-19 vaccine. At least 15% of individuals provided navigation services should be signed up for wellness checks and/or group wellness activities. CHWs should ensure that residents are referred to clinical services and other resources aimed to mitigate COVID-19 inequities. Navigation services can be integrated into other services being provided but to meet the criteria of vaccine navigation for this deliverable, the vaccine must be discussed.
- c. **Wellness checks:** Focusing on NYCHA residents, contact and/or follow-up with 100 individuals per week (by month three of contract) for one-on-one conversations to see how they are doing, keep them aware of and engaged in community events and resources, and ensure they get connected to needed resources. Wellness checks can focus on supports and resources unrelated to the vaccine and should occur at least every three weeks for at least four months or until the client terminates the relationship.

**d. Group wellness activities:** Conduct two (2) group wellness activities per month, for a minimum of one (1) hour, with a focus on promotion to NYCHA residents. Based on community needs and interests, topics could include COVID vaccinations, [long COVID](#), smoking cessation, heart health, healthy eating, chronic disease prevention and management education, blood pressure screening, community resiliency, mental health, naloxone/ overdose response training and group physical activity. Group wellness activities could also include group health coaching, support groups, workshops, and capacity building initiatives, however, every group wellness activity must address COVID-19 vaccines for at least 15 minutes. During group wellness activities, CHWs should promote individual services and connect residents to needed resources to address COVID-19 inequities.

**Deliverables:**

- I. Quarterly outreach plan highlighting all COVID-19 activities to reach NYCHA public housing residents. First outreach plan is due within one (1) month of contract execution.
- II. Weekly data will be reported in the DOHMH portal and will include but not be limited to:
  - Planned events five days in advance
  - Number of navigation sessions (at least 100 per week)
  - Number and types of referrals
  - Number and type of group wellness activities (at least 2 per month)
  - Number of wellness check-ins (at least 100 per week by month 3)
  - Number of individuals provided vaccine information
  - Language of services
  - Focus population (including name of NYCHA development)
  - Qualitative data, including highlights, stories, barriers, and challenges related to services provided
- III. Provide monthly group wellness activity description, agendas, and past month’s attendance reports.

**Payment: Up to \$310,000.00 for FY22 (6 months)**

**4. Evaluation**

**Goal:** Contribute to a shared understanding about barriers, challenges, needs, and successes related to vaccine uptake and increased confidence. Report any significant findings and strategize ways to increase vaccination rates in identified NYCHA neighborhoods.

**Scope**

a. **Evaluation:** Participate in DOHMH-led evaluation activities.

**Deliverable**

- I. Completion of up to eight (8) evaluation activities developed by DOHMH, potentially including surveys, focus groups, story collection circles and others.

**Payment: \$5,000.00 for FY22 (6 months)**

#### D. Recipient Requirements

- Recipients will be required to name a dedicated project lead who will serve as the main programmatic point of contact for DOHMH and FPHNY. The project lead should be the individual responsible for day-to-day management of the project, including daily/weekly reporting.
- Recipients will also be required to name a fiscal/administrative contact who will serve as the main point of contact for contract administration and invoicing. This should not be the same person as the programmatic contact.
- Recipients will be required to develop appropriate data collection, storage, and reporting methods and referral management systems to capture data and report it back to DOHMH.
- All project staff/volunteers from the recipient organization will need to complete up to five trainings, including but not limited to an orientation, a health and safety training for all community-facing staff, vaccine training, data portal training, and [Roots of Health Inequity](#) course. Health and Safety training must be completed prior to doing any community-facing work. Root of Health Inequity training should be completed by month three. All other trainings will be offered by DOHMH in December/January.
- Recipients may be asked to collaborate with and align activities with partners and others working in the neighborhood on COVID-19 vaccine efforts. Recipients will be required to wear Personal Protective Equipment (PPE) and follow public health guidance for any in-person activities (PPE can be requested from DOHMH at no cost if needed for completion of deliverables).
- If Recipient agrees, Recipient will allow for their involvement in program to be publicly posted to help boost community member awareness of this funded resource.
- Recipients may be asked to present their work to DOHMH, NYCHA, and/or other stakeholders.
- Participate in strategic planning meetings as needed with DOHMH program team.
- Participate in biweekly DOHMH-led citywide partners' forum.
- Participate in borough-wide coordination meetings.
- Participate in individual weekly check-ins with DOHMH to facilitate cross education and develop plans for operational activities informed by existing data and community feedback.
- Work with DOHMH to conduct key informant interviews with community leaders on barriers to vaccination as a part of baseline community assessment and quarterly throughout the budget period ending June 30, 2024.
- Work with DOHMH and contracted media/communications partners to support tailored content development, dissemination, story collection, best practice development, and other related work.

**Addition information:**

1. Upon request by Recipient, DOHMH representatives may be able to provide guidance, capacity building, and potential media partnerships during implementation of award, capacity permitting.
2. DOHMH and/or its partners may be able to provide one or more of the following capacity building supports to recipients:
  - a. Design and production support for messaging and product development
  - b. Racial justice and trauma-informed framing
  - c. Best practices for facilitating community meetings
  - d. Vaccine expertise by immunologists and public health experts
  - e. Qualitative data collection and analysis guidance

### SECTION III: COMPLETING THE APPLICATION

To be considered for an award, Applicants must submit their completed application by Monday, November 22, 2021, at 11:59 p.m. EST. All applications must be submitted online via Survey Monkey using the following link: <https://www.surveymonkey.com/r/HGFFR99>

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 Questionnaire
- Section II: Applicant Information
- Section IIa: Fiscal Sponsor Information (to be completed by organizations using a fiscal sponsor only)
- Section III : Qualifications & Experience
- Section IV: Proposal
- Section V: Proposal Budget

Please note that Applicants must first complete a questionnaire to determine their eligibility for award. After demonstrating that the RFP's minimum requirements 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/>
  - a. Attachment A: Applicant Signature Form
  - b. Attachment B: Subcontractor Commitment Form
  - c. Attachment C: Acknowledgement of Addenda

- d. Attachment D: IRS Form W-9
  - e. Attachment E: Proposal Budget Form
  - f. Attachment F: Coalition Commitment Form
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- 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.

### A. Proposal Evaluation Criteria

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

1. Applicant's relevant qualifications and experience	30%
2. Applicant's proposed plan and approach	60%
3. Applicant's budget and capacity	5%
4. Applicant's staff and leadership are majority BIPOC/from neighborhoods and communities served	5%

### B. Selection Process

The review process consists of the following steps:

- **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.
- **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. The highest-ranking Applicants within each borough priority neighborhood for each competition will move on to the next round of review.

- **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.

### **C. Award Process**

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once selections are made, designated recipients will enter a contract with the Fund for Public Health in New York. 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 make adjustments to deliverables and timeframes in response to changes in priorities or need as a result of the COVID19 pandemic.

### **D. Additional Information**

#### **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.

#### **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.

#### **Insurance**

Applicants selected for award will be required to maintain a commercial general liability insurance policy in the amount of \$1,000,000 per incident and \$3,000,000 aggregate. Contractors will also be required to provide proof of worker's compensation insurance coverage at the statutory limits. FPHNYC and the City of New York shall be named as Additional Insureds on the commercial general liability policy and as Certificate Holders for all other required insurance. Contractors will need to demonstrate that necessary insurance coverage is in place from the start of the contract.

#### **NYC Vendor Registration**

This project is being supported with funding from the NYC DOHMH, which requires that vendors register in the City's Payee Information Portal (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: [Welcome to NYC Payee Information Portal: Home](#)

Depending on award size, vendors may also be required to register in PASSPort, the City's digital procurement system. PASSPort training and information materials are available through videos, user guides and FAQs at [About / Go to PASSPort - MOCS \(nyc.gov\)](#).

#### 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.

#### 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.

#### Submitted Information

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

## SECTION V: ATTACHMENTS/APPENDICES

### Budget Proposal Instructions

As part of their budget proposal, Applicants must complete the Budget Proposal Form with a breakdown of the requested funding. Budgets should include all reasonable costs for providing the work outlined in Section II: Scope of Services, including staffing, trainings, volunteer management, community input activities, design, printing, translation, supplies, travel, and administrative costs (i.e., accounting, legal services, commercial general liability and worker's compensation insurance, and other overhead/indirect costs).

Anticipated funding ranges are included in the deliverables table on pages 8-12 of the RFP. Applicants are encouraged to follow these guidelines in preparing their budget.

### INSTRUCTIONS FOR COMPLETING THE FORM

1. Prepare a 6-month budget using the Budget Proposal Form posted along with this RFP. Please complete the form by following the instructions provided below.

2. The budget template is divided into 4 sections to reflect each of the deliverables under this RFP. The section for Deliverable 4: *Evaluation* has been pre-populated with the fixed deliverable amount.

3. The budget template contains formulas in Column K to auto calculate costs for each budget component. Applicants are required to fill in Column L to reflect the costs being requested as part of their proposal.

#### PS (Personal Services) Expenses

4. Applicants should list all staff positions by position title.

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 (e.g. design, translation, printing, travel, volunteer

## APPENDIX A: NYCHA Public Housing Developments List

Below is the full list of prioritized public housing developments for the Vaccine Equity Partnership Engagement COVID-19 Recovery Program. Each list of developments refers to a “NYCHA neighborhood” under NYCHA’s new property management operations delivery model called the [Neighborhood Model](#). Individual developments are searchable on [NYCHA’s interactive map](#).

### Bronx 1 (approximately Northeast Bronx)

BOSTON ROAD PLAZA	279
EASTCHESTER GARDENS	1,974
MIDDLETOWN PLAZA	192
PELHAM PARKWAY	2,447
BOSTON SECOR	1,279
EDENWALD	4,724
BAYCHESTER (RAD)	857
Total Population:	11,752

### Brooklyn 1 (approximately Coney Island and Gravesend)

CAREY GARDENS	1,600
MARLBORO	3,945
O'DWYER GARDENS	932
CONEY ISLAND	1,092
CONEY ISLAND I (SITE 1B)	479
GRAVESEND	1,429
SURFSIDE GARDENS	1,125
CONEY ISLAND I (SITES 4 & 5)	1,001
CONEY ISLAND I (SITE 8)	350
HABER	449
Total Population:	12,402

### Brooklyn 2 (approximately Canarsie and Sheepshead Bay)

BAY VIEW	3,459
BREUKELEN	3,451
GLENWOOD	2,474
SHEEPSHEAD BAY	2,306
NOSTRAND	2,324
Total Population:	14,014

### Queens 3 (approximately South Jamaica and Far Rockaway)

BAISLEY PARK	923
CONLON LIHFE TOWER	234
INTERNATIONAL TOWER	172

SHELTON HOUSE	167
SOUTH JAMAICA I	829
SOUTH JAMAICA II	1,409
REDFERN	1,593
HAMMEL	1,705
BEACH 41ST STREET-BEACH CHANNEL DRIVE	1,553
OCEAN BAY APARTMENTS (OCEANSIDE)	829
CARLETON MANOR	334
OCEAN BAY APARTMENTS (RAD)	3,729
Total Population:	13,477

**Staten Island 1 (all public housing developments in SI)**

BERRY	960
CASSIDY-LAFAYETTE	450
MARINER'S HARBOR	1,411
NEW LANE AREA	338
RICHMOND TERRACE	1,173
SOUTH BEACH	878
STAPLETON	1,977
TODT HILL	1,004
WEST BRIGHTON I	1,357
WEST BRIGHTON II	94
Total Population:	9,642

**APPENDIX B:  
Resources for Community Health Worker Workforce Development  
Vaccine Equity Partnership and Engagement  
NYCHA COVID-19 Recovery Program**

**Resources**

1. [C3 Report](#)
2. [NYACH competency checklist](#)
3. Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. [7ec423\\_fad3aaf52fc642e7984da849d50b10a7.pdf \(filesusr.com\)](#). Accessed September 22, 2021.
4. [Roots of Health Inequity](#)