Fund for Public Health NYC

APPLICATION GUIDE

Vaccine Equity Partner Engagement

NYCHA COVID-19 Recovery Program

Thank you for your interest in the Vaccine Equity Partner Engagement Project NYCHA COVID-19 Recovery Program. The purpose of this guide is to provide detailed instructions to assist organizations as they 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)**
- **Application Checklist (page 4)**
- **Application Eligibility Questionnaire (page 5)**
- **RFP Application (page 7)**
- **Proposal (page 14)**

To be considered for an award, organizations must submit their completed application by Monday, November 22nd, at 11:59 p.m. EST. Applications must be submitted via the SurveyMonkey link https://www.surveymonkey.com/r/HGFFR99. Late applications and those submitted via e-mail will not be accepted.

Application Overview:

Applicants will first complete a questionnaire to determine their eligibility for award. After demonstrating that the RFP's minimum requirements have been met, organizations will be able to complete the application. The application consists of the following sections:

- Section I: Applicant Eligibility Questionnaire (4 questions)
- Section II: Applicant Information (19 questions)
- Section IIa: Fiscal Sponsor Information (9 questions; to be completed by organizations using a fiscal sponsor only)
- Section III: Qualifications & Experience (12 questions)
- Section IV: Proposal (9 questions)
- Section V: Proposal Budget

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 proposal evaluation criteria on page 17 of the RFP and keep them in mind as you prepare your application. 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.

Step 2: Confirm Eligibility
Confirm your organization's eligibility by completing the Applicant Eligibility Questionnaire on pages 4-6 below. To be eligible, organizations must be able to answer all questions with responses indicating the following: "Your organization may be eligible."

Step 3: Review Application Instructions
Read the full Application Guide and review all required forms and attachments. Applicants should use the Application Checklist on page 4 of this guide to ensure they are aware of all required elements. The following required forms must be downloaded from FPHNYC's website: https://www.fphnyc.org/get-involved/rfps/

1. Attachment A: Applicant Signature Form
2. Attachment B: Subcontractor Commitment Form
3. Attachment C: Acknowledgement of Addenda
4. Attachment D: IRS Form W-9
5. Attachment E: Proposal Budget Form
6. Attachment F: Coalition Commitment Form

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 4: 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 20-25 minutes to complete.

Step 5: 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.

<u>Step 6: Schedule Your Application</u>
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.*

Organizations 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.

<u>Step 7: Last Step</u>
Complete the online application via SurveyMonkey using the link
https://www.surveymonkey.com/r/HGFFR99.

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 Questionnaire

_____Section II: Applicant Information

- Upload Attachment A: Applicant Signature Form

- Upload Attachment C: Acknowledgement of Addenda Form

- Upload Attachment D: IRS Form W-9

_____Section IIa: Fiscal Sponsor Information

_____Section III: Qualifications & Experience

_____Section IV: Proposal

_____Section V: Proposal Budget

- Upload Attachment E: Budget Proposal Form (see page 17 for instructions)

- Upload Attachment B: Subcontractor Commitment Form (if applicable)

- Upload Attachment F: Coalition Commitment Form (if applicable)

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 alawrence@fphnyc.org.

Instructions: Please answer the following questions to demonstrate your organization's eligibility for the Vaccine Equity Partner Engagement NYCHA COVID-19 Recovery Program. For more information on applicant eligibility, please refer to pages 3-4 of the RFP.

1. Is your organization:
   - A Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status. *If yes, your organization may be eligible*
   - Fiscally sponsored by an organization with 501(c)(3) nonprofit status. *If yes, your organization may be eligible*
   - None of the above. *Sorry, this opportunity is only available to organizations with 501(c)(3) nonprofit status or those applying through a fiscal sponsor with 501(c)(3) nonprofit status*

Applicants applying with a fiscal sponsor will be required to provide a written, signed fiscal sponsorship agreement and the sponsor's IRS determination letter upon notification of award.

2. Does your organization have a site in New York City and provide services within the five boroughs?
   - Yes. *If yes, your organization may be eligible*
   - No. *Sorry, this opportunity is only available to organizations that have a site in New York City and provide services within the five boroughs*

3. If awarded, does your organization, or its fiscal sponsor, agree to register as a City of New York approved vendor? Technical assistance will be made available to assist C/FBOs with the registration process. For more information, please refer to page 18 of the RFP.
   - Yes. *If yes, your organization may be eligible*
   - No. *Sorry, organizations must be willing to register as a City of New York approved vendor.*

4. If awarded, does your organization, or its fiscal sponsor, agree to provide proof of required insurance coverage prior to work commencing? Guidance will be provided to assist C/FBOs with meeting this requirement. For more information, please refer to page 18 of the RFP.
   o Yes. *If yes, your organization may be eligible*
   o No. Sorry, organizations must be willing to provide proof of required insurance coverage prior to work commencing. Technical assistance will be made available to assist C/FBOs with accessing coverage.

> Applicants selected for award, or their fiscal sponsor, 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. 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.

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 #1 (if different than business address)
   Street Address 1
   Street Address 2
   City
   State
   Zip Code

4. Program Site #2 (if applicable)
   Street Address 1
   Street Address 2
   City
   State
   Zip Code

5. Program Site #3 (if applicable)
   Street Address 1
   Street Address 2
   City
   State
   Zip Code

6. Contact Name

7. Contact Title

8. Contact Email

9. Contact Phone Number *(Please format xxx-xxx-xxxx)*

10. Federal Employer Identification Number
If your organization does not have its own Federal Employer Identification Number, please enter "NA."

11. Year Incorporated/Founded

12. Organization Mission Statement

13. Organization Website
If your organization does not have its own website, please enter "NA."

14. Organization Twitter Handle
If your organization does not have a Twitter Handle, please enter "NA."

15. Organization Facebook Handle
If your organization does not have a Facebook Handle, please enter "NA."

16. 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.

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**

17. Please upload your organization's Acknowledgement of Addenda Form (Attachment C of the RFP). *Please note that a completed Acknowledgement of Addenda form must be submitted for an application to be considered complete.*

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**

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

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**

19. Is your organization applying through a fiscal sponsor?
   o   Yes
   o   No

> A fiscal sponsorship is an arrangement in which a 501(c)(3) nonprofit organization (the "fiscal sponsor") offers its legal and tax-exempt status to another group. Under this arrangement, the fiscal sponsor receives, disburses, and accounts for grant or other funds on behalf of the group being sponsored.
>
> More information can be found here: https://www.councilofnonprofits.org/tools-resources/fiscal-sponsorship-nonprofits.

If yes, please complete the information about your organization's fiscal sponsor on thenext page. If no, the application will continue with Section III. Qualifications & Experience.

SECTION IIa: FISCAL SPONSOR INFORMATION

1. Fiscal Sponsor Organization Name

2. Business Address

3. Contact Name
4. Contact Title

5. Contact Email

6. Contact Phone Number *(Please format xxx-xxx-xxxx)*

7. Employer Identification Number

8. Year Incorporated/Founded

9. Organization Website

If your fiscal sponsor does not have a website, please enter "NA."

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

1. Is your organization's leadership (including board leadership) and staff at least 51% BIPOC(Black, Indigenous, People of Color)?
   - ○ Yes
   - ○ No

2. Does your organization currently serve one or more of the below NYCHA developments and/or have current or recent (within 2 years) experience working with public housing populations?
   - ○ Yes
   - ○ No

   If yes, select all that apply. If no, select "None"

BOSTON ROAD PLAZA (10462)

EASTCHESTER GARDENS (10462, 10467)

MIDDLETOWN PLAZA (10462)

PELHAM PARKWAY (10461, 10462, 10467)

BOSTON SECOR (10462, 10467)

EDENWALD (10466, 10467)

BAYCHESTER/RAD (10466)

CAREY GARDENS (11224)

MARLBORO (11223)

O'DWYER GARDENS (11224)

CONEY ISLAND (11224)

CONEY ISLAND I -SITE 1B (11224)

GRAVESEND (11224)

SURFSIDE GARDENS (11224)

CONEY ISLAND I- SITES 4 & 5 (11224)

CONEY ISLAND I- SITE 8 (11224)

HABER- (11224)

BAY VIEW (11236)

BREUKELEN (11236, 11207)

GLENWOOD (11234, 11236)

SHEEPSHEAD BAY (11229, 11235)

NOSTRAND (11229, 11235)

BAISLEY PARK (11434)
CONLON LIHFE TOWER (11433)
INTERNATIONAL TOWER (11432)
SHELTON HOUSE (11432)
SOUTH JAMAICA I (11433)
SOUTH JAMAICA II (11433)
REDFERN (11691)
HAMMEL (11693)
BEACH 41ST STREET-BEACH CHANNEL DRIVE (11691)
OCEAN BAY APARTMENTS -OCEANSIDE (11692)
CARLETON MANOR (11692)
OCEAN BAY APARTMENTS/RAD (11691, 11692)

BERRY (10306)
CASSIDY-LAFAYETTE (10301)
MARINER'S HARBOR (10303)
NEW LANE AREA (10305)
RICHMOND TERRACE (10301)
SOUTH BEACH (10305)
STAPLETON (10304)
TODT HILL (10314)
WEST BRIGHTON I (10310)
WEST BRIGHTON II (10310)

3. Does your organization have experience managing a team of CHWs (this includes peer workers, community organizers, navigators, advocates, etc.)?
   o Yes
   o No

4. Please provide your organization's annual operating budget for the current fiscal year.

5. Please complete the following for the 3 largest grants and/or donations received by your organization in the last five years.

   Funder 1
   o Funding Type (Select one of the following from the drop-down menu: Corporation,Foundation, Government, Individual, Other, Not Applicable)
   o Amount *(if you entered "Not applicable" for "Funding Type," enter "NA" in this field)*

   Funder 2
   o Funding Type (Select one of the following from the drop-down menu: Corporation,Foundation, Government, Individual, Other, Not Applicable)
   o Amount *(if you entered "Not applicable" for "Funding Type," enter "NA" in this field)*

Funder 3
- o Funding Type (Select one of the following from the drop-down menu: Corporation,Foundation, Government, Individual, Other, Not Applicable)
- o Amount *(if you entered "Not applicable" for "Funding Type," enter "NA" in this field)*

6. Does your organization collect qualitative data and can it provide reflection reports highlighting and analyzing issues and concerns on services provided and populations served?
   - o Yes
   - o No

7. Does your organization have experience with both financial and programmatic grant reporting?
   - o Yes
   - o No

8. Does your organization have a community advisory board or other formal mechanism forgathering feedback and working with community?
   - o Yes
   - o No

9. Does your organization regularly work with community members to inform messaging, programming, or other aspects of how or where your organization operates?
   - o Yes
   - o No

   If yes, please provide an example. *(100 words or less)*

10. Does your organization do any of the following to advance health equity:
    - A. Use qualitative (including stories from community) or quantitative data to focus or adjust programming to meet identified needs of the community or communities your organization serves?
      - o Yes
      - o No

    - B. Provide information about health and social services, referrals to health and social services, or provide services or programming to advance health equity?
      - o Yes
      - o No

    - C. Mobilize the community to advance policy and create social change?
      - o Yes
      - o No

11. Has your organization been providing COVID-19 education to your community or neighborhood?
    - o Yes

o   No

If yes, please provide an example. *(100 words or less)*

12. Is your organization able to mobilize current staff and/or hire NYCHA residents as part of the CHW workforce quickly to begin work in January 2022?
   o   Yes
   o   No

If no, please explain. *(100 words or less)*

Click "Next" to proceed to Section IV: Proposal.

SECTION IV: PROPOSAL

Part 1: Personnel Management
Directions: Please answer the questions below regarding your organization's experienceand planned approach for Personnel Management.

Deliverables and Activities:
- **Identify all staff who will support the management, oversight, and administration of the program.**
- **Hire, on-board and train 10 CHWs and 2 supervisors (70% of CHWs must be permanent NYCHA residents) within 2 months of contract execution. Report any changes to program personnel, such as departures, new hires, and whether new hires are residents of NYCHA.**
- **Contract with a vendor or schedule in-house training (minimum 70 course hours including core competencies (listed on page 9 of RFP) for all CHW staff within 2 months of start date.**
- **Ensure CHWs have access to organizational policies and procedures and that these policies address CHW safety in the community when conducting their work.**
- **Provide cell phones and laptops or tablets for all CHW staff to facilitate outreach and other service delivery activities.**

1. Does your organization have a policy and procedures manual that addresses CHW safety when conducting work in the community, and if so, is it shared with all new staff?
   o Yes
   o No

2. Does your organization have a formal onboarding process for CHWs?

   o Yes
   o No

   If yes, please explain what the onboarding process entails (100 words or less)

3. In the last five years, has your organization ever contracted with an outside vendor for a comprehensive (70+ hours) CHW training program or conducted a comprehensive (70+ hours) CHW training program in-house?

   o Yes
   o No

   If yes, please briefly describe how your organization ensured CHWs incorporated their training into their role. *(100 words or less)*

Part 2: Relationship Building/ Strengthening and Community Dialogue
Directions: Please answer the questions below regarding your organization's experienceand planned approach for Relationship Building/Strengthening and Community Dialogue.

Deliverables and Activities:
- **Establish/strengthen relationships with NYCHA stakeholders and check-in at least monthly during the contract period with Resident Associations to assess community needs.**
- **Conduct at least 1 community conversation per week (minimum 30 minutes) to engage in dialogue with NYCHA resident association leaders and residents to support vaccine confidence and identify the communities' health and social needs and priorities.**
- **Co-lead twice a year and attend remaining monthly community stakeholders' forums for NYCHA Resident Leaders and other community stakeholders.**

1. Does your organization have experience collaborating and coordinating with NYCHA stakeholders?
   - o Yes
   - o No

   Please describe existing NYCHA stakeholder relationships and how you would strengthen them for this project. If your organization does not have existing NYCHA stakeholder relationships, please describe how your organization would go about building new relationships. (100 word or less)

2. Does your organization have experience engaging in dialogue with the public housing community regarding COVID-19 (vaccination, treatment, public health guidance, etc.)?
   - o Yes
   - o No

Part 3: Service Delivery
Directions: Please answer the questions below regarding your organization's experience and planned approach for Service Delivery.

Deliverables and Activities:
- **Develop and implement quarterly outreach plan highlighting COVID-19 activities to reach NYCHA public housing residents.**
- **Provide weekly vaccine navigation services through one-on-one or group consultations to at least 100 individuals per week addressing vaccine confidence and supporting an individual in getting their COVID-19 vaccine.**
- **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.**
- **Conduct two (2) group wellness activities per month, for a minimum of one (1) hour, with a focus on promotion to NYCHA residents. Every group wellness activity must address COVID-19 vaccines for at least 15 minutes.**

1. Please describe your organization's proposed plan and approach for delivery of COVID-19 wellness activities and services for NYCHA residents (weekly vaccine navigation services, wellness checks, group wellness activities). Be sure your response includes the following:
   a. Your intended outreach strategies to promote these individual services and group activities
   b. How you will keep residents engaged and direct them from navigation services to enrollment in group or individual wellness activities engagement
   c. The role of partnerships and stakeholders
   d. How you intend to maintain your targets

   (300 words or less)

2. Does your organization have experience providing one-on-one and/or group consultations addressing vaccine confidence and supporting an individual in getting their COVID-19 vaccine?
   o Yes
   o No

3. Does your organization have experience providing wellness checks to individuals to see how they are doing and ensure they are connected to services outside of the COVID-19 vaccine?
   o Yes
   o No

4. Does your organization have experience conducting group wellness activities?
   o Yes
   o No

Section V: Budget Proposal

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 (e.g., 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 (Personnel 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 Personnel Services) Expenses
7. Applicants should list all OTPS expenses individually (e.g. design, translation, printing, travel, volunteer management.

Please upload your budget (Attachment E of the RFP).

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**

Please upload Subcontractor Commitment Form (Attachment B of theRFP). *Please only submit if applicable.*

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**

Please upload Coalition Commitment Form (Attachment F of the RFP). *Please only submit if applicable.*

> **Please note that only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported and maximum size per file is 16 MB. File uploads may require more than one try to be successful.**