
REQUEST FOR PROPOSALS (RFP)

Public Health Vending Machine Initiative in New York City

ISSUE DATE: December 8, 2021

RESPONSE DUE DATE: January 20, 2022

REPLY TO: Ariana Holland at aholland@fphnyc.org

RELEASED BY

Fund for Public Health in New York
22 Cortlandt Street, 8th Floor, Suite 802 • New York, NY 10007
Phone: (646) 710-4860 • Fax: (212) 693-1856 •
www.fphnyc.org

Background and Program Overview

The Fund for Public Health in New York (FPHNY), on behalf of the New York City Department of Health and Mental Hygiene (DOHMH), is currently accepting proposals from organizations in New York City (NYC) to pilot the implementation of Public Health Vending Machines (PHVM) in NYC. FPHNY serves as the fiscal agent for DOHMH. The purpose of this RFP to support low-barrier access to overdose prevention and harm reduction supplies.

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is committed to improving health outcomes for all New Yorkers by explicitly advancing racial equity and social justice. Racial equity does not mean simply treating everyone equally, but rather, allocating resources and services in such a way that explicitly addresses barriers imposed by structural racism (i.e. policies and institutional practices that perpetuate racial inequity) and White privilege (i.e. historical and contemporary advantages in access to resources and opportunities afforded to White people) so that all people have access to what they need to enjoy full, healthy lives.

Within DOHMH, the Bureau of Alcohol and Drug Use Prevention, Care and Treatment (BADUPCT) is dedicated to reducing the morbidity and mortality related to alcohol and substance use among New Yorkers. Assuring that New Yorkers have access to naloxone (i.e., the medication used to reverse an opioid overdose), and other harm reduction supplies to prevent and/or reduce drug overdose deaths is essential to this mission. Opioid overdose deaths have reached epidemic levels; in 2019, there were 1,463 unintentional drug overdose deaths in NYC compared with 1,452 in 2018, an increase of 11 deaths. In 2019, 83% of overdose deaths involved an opioid, and fentanyl (a highly potent, fast-acting synthetic opioid) was involved in 68% of overdose deaths.

Overdose deaths in New York City are not equally distributed citywide, with some groups and neighborhoods disproportionately experiencing increases in the rate of overdose death. In 2019, Latinx New Yorkers had the highest rate of overdose deaths for the second year in a row and the rate of overdose death among very high poverty neighborhoods is more than twice the rate among low and medium poverty neighborhoods. During the

previous three years, overdose rates among White New Yorkers decreased; however, rates increased among Black New Yorkers during the past year and rates among Latinx New Yorkers have increased for five consecutive years.¹ Structural racism in drug policy and enforcement has been linked to decreased access to services, poorer health outcomes, and increased overdose risk.^{2,3}

Public health vending machines (PHVM) are an emerging strategy to support low-barrier access to naloxone, sterile syringes, and other harm reduction and wellness supplies. As an established syringe distribution strategy in Europe, Canada, and Australia, PHVMs increase access to sterile injection equipment and reduce syringe reuse and sharing among networks of people who use drugs (PWUD).⁴ In the United States, PHVMs are operational in Clark County, NV (Las Vegas) and Cincinnati, OH. In 2021, DOHMH received supplementary funds from the City of New York to pilot the purchase and installation of PHVMs to deliver overdose prevention and harm reduction supplies. DOHMH seeks to fund up to six (6) Opioid Overdose Prevention Programs (OOPPs) to pilot the implementation of ten (10) PHVM in strategic locations throughout NYC. Syringe distribution will be piloted in five (5) of the PHVMs. Awarded entities will conduct robust needs assessments and community engagement prior to PHVM purchase and installation.

Goals and Objectives:

Under the broader goal of promoting the health and dignity of PWUD in NYC, the goals of this solicitation are to:

- Improve the quality of life for New Yorkers who use drugs by increasing low-barrier access to naloxone, other harm reduction supplies, and wellness supplies.
- Provide low barrier access to naloxone, other harm reduction supplies, and wellness supplies via PHVMs.
- Reduce stigma related to drug use and PWUD.
- Reach and engage communities, both geographic and demographic, disproportionately burdened by overdose in New York City.
- Strengthen the partnership between DOHMH and local organizations to develop population-focused harm reduction activities.
- Increase days and hours that New Yorkers have access to naloxone and other supplies provided in the PHVMs.
- Prevent the spread of infectious diseases associated with syringe sharing/reuse and improper syringe disposal.
- Provide harm reduction supplies and wellness supplies at no cost to individuals in a culturally and linguistically competent manner.
- Collaborate with DOHMH to collect data to inform an evaluation of the PHVM initiative, including gathering and incorporating feedback from people who access the PHVMs and other community members, and using dispensing data to improve PHVM offerings.

For this PHVM initiative, low-barrier access means free supplies, easily understandable messaging, and instructions in multiple languages. PHVMs will be placed in locations with expanded or 24-hour access, both indoor and outdoor settings, and locations near where PWUD already congregate. Priority populations include people who are

¹ Nolan ML, S Mantha, Tuazon E, Paone D. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2019. New York City Department of Health and Mental Hygiene: Epi Data Brief (122); December 2020

² Bailey, Zinzi D., et al. "Structural racism and health inequities in the USA: evidence and interventions." *The Lancet* 389.10077 (2017): 1453-1463.

³ Lipato, Thokozeni, and Mishka Terplan. "Risk Factors for Opioid Overdose." *Current Treatment Options in Psychiatry* 5.3 (2018): 323-333.

⁴ Islam M, Wodak A, Conigrave KM. The effectiveness and safety of syringe vending machines as a component of needle syringe programmes in community settings. *Int J Drug Policy*. 2008;19(6):436-441.

not connected to syringe service programs (SSPs), potentially because of stigma associated with these services; communities disproportionately burdened by opioid overdose, including Black and Latinx communities, LGBTQ+ individuals, people who engage in sex work, neighborhoods with a very high poverty level, and people who are most likely to witness or experience an overdose.

DOHMH strives for these goals to be flexible, collaborative, and informed by the awarded entities.

Application Deadline

EVENT	DATE
Release of Request for Proposals	December 8, 2021
Inquiry Period	December 8, 2021 – January 5, 2022 11:59 PM EST
Q&A posted	January 12, 2022
Deadline for receipt of proposals	January 20, 2022 -11:59 PM EST
Notice of Award	January 31, 2022
Contract Start Date	February 7, 2022
Due date for last activity	June 30, 2022

Basic Information

Funding Term	Funds awarded will be for February 7, 2022 through June 30, 2022, with the option to renew. All deliverables to be completed by June 30 th , 2022.
Anticipated Funding and Payment Structure	<p>The anticipated number of contracts: up to six (6). The anticipated breakdown is as follows:</p> <ul style="list-style-type: none"> • Up to two (2) contracts managing one (1) PHVM • Up to four (4) contracts managing two (2) PHVMs <p>DOHMH reserves the right to change the number of contracts awarded.</p> <p>Total anticipated funding amount is \$730,000. Funding per program will range from \$99,000 to \$135,000. However, DOHMH and the FPHNY reserve the right to make additional awards and/or change the value of awards should additional funding become available. The anticipated payment structure will be based on the achievement of deliverables.</p>
Applicant Eligibility	<p>Organizations must adhere to the following requirements:</p> <ul style="list-style-type: none"> • Be located in New York City • Be registered with New York State Department of Health as an Opioid Overdose Prevention Program (OOPP) • Provide direct services to people who use drugs • Have a demonstrated history of conducting community outreach to support new initiatives

	<ul style="list-style-type: none"> • For Competition Pool 1: Be registered with the New York State Department of Health as a syringe service program
--	--

Submission Information

Responses must be submitted electronically. Please format all documents submitted in response to this RFP in .pdf (Portable Document Format). Proposals must be e-mailed to the following address, no later than **Thursday January 20, 2022 - 11:59 PM EST.**

Attn:
 Subject: **Public Health Vending Machine Initiative in New York City**
 E-mail: aholland@fphnyc.org
 Responses received after **Thursday January 20, 2022 - 11:59 PM EST** will not be reviewed.

RFP Communications

Potential respondents may send any questions or comments no later than **Wednesday January 5, 2022 – 11:59 EST:**

Attn:
 Subject: **Public Health Vending Machine Initiative in New York City**
 E-mail: aholland@fphnyc.org

Answers to common questions will be made available by **Wednesday January 12, 2022** on our website. No other contact with FPHNY or DOHMH personnel regarding this RFP is permitted in the period between the release of this RFP and the notice of award. Any oral communication shall be considered unofficial and non-binding with regard to this RFP and subsequent award.

Applications received after the deadline may be disqualified from funding consideration.

It is the responsibility of the submitting organization to ensure delivery of the application to DOHMH at the above email address by the submission deadline. A confirmation of receipt of the required electronic submission (via email) of specific sections of the application and other documents will be sent by email.

Application Format Guidelines

- Application narrative should be 1.5-spaced
- Applications should be submitted in PDF or Word format
- Applications should have 1” margins all around (headers and footers may appear outside of this margin)
- Suggested minimum font size is Times New Roman 12-point with the exception of any included supportive charts, which may use a font no smaller than 10-point
- Each page of the application narrative should be consecutively numbered and adhere to page limits
- Application narrative should remain in the same sequence and format as provided, questions should not be renumbered or reordered, however the text of the question can be omitted
- Each page of the application should include as a header or footer the name of the organization submitting the application

Required Documents

- Cover letter on organizational letterhead
- A narrative proposal that responds to the questions posed in the proposal instructions
- Program organizational chart, showing how the proposed initiative fits into the proposer’s organization and

- which staff will be responsible for managing the public health vending machine(s)
- Two (2) reference letters that attest to the quality and number of years of the proposing organization's relevant experience working in high poverty neighborhoods with Black and Latinx communities. Include information detailing work with people who use drugs and conducting community outreach. Letters from DOHMH personnel are not acceptable for the purposes of this requirement.
 - Complete budget template along with budget narrative describing rationale for fund allocation

Description of Competition Pools and Available Funds

This request for proposals includes four (4) competition pools. DOHMH is seeking to award up to six (6) contracts to organizations to pilot the purchase and installation of PHVMs in at least one of the priority neighborhoods set forth in Table 1 below.

Table 1: Priority Neighborhoods for placement of PHVM

Borough	<u>UHF Neighborhoods</u>
Brooklyn	East New York
Bronx	Crotona-Tremont Highbridge-Morrisania Hunts Point-Mott Haven Fordham- Bronx Park Pelham-Throgs Neck
Manhattan	Central Harlem – Only ZIP codes 10027, 10039, and 10030 East Harlem Union Square
Queens	Rockaway – Only ZIP Code 11691
Staten Island	Stapleton-St George – Only ZIP Codes 10306 and 10312 South Beach-Tottenville – Only ZIP Code 10301

Eligible OOPPs may apply for any of the competitions, however:

- A separate organization chart must be submitted for each competition pool.
- If a proposer submits a viable proposal for more than one competition, the proposer will receive a maximum of one contract for one competition. DOHMH will determine the competition for which the organization will receive a contract.

The competitions pools and their funding amount available are as follows:

1. Vending machines with syringes (Competition 1)

Competition Pool	Description	Anticipated # of Awards	Funding (combined total)
1a	Managing one PHVM with syringes	1	\$104,300
1b	Managing two PHVMs with syringes	2	\$269,200

2. Vending machines without syringes (Competition 2)

Competition Pool	Description	Anticipated # of Awards	Funding (combined total)
2a	Managing one PHVM without syringes	1	\$99,300
2b	Managing two PHVMs without syringes	2	\$257,200

Amounts reflect approximate contract amount and are subject to change.

Cost Allocation:

Funding should be allocated for purchasing the vending machine(s) and insurance, harm reduction and wellness supplies, increasing staff capacity/size, hours of outreach, and outreach methods, including transportation and incentives. Funding will not be allocated for office supplies, rent, or activities outside the scope of this RFP. Cost allocation for the one PHVM should not exceed \$13,000, the maximum average cost for one vending machine.

Contracts that have the option to renew for another year will receive notice of new funding amounts and guidance on cost allocation.

Funding Notification:

The projected notification date to applicants of the funding status of their proposals is January 31, 2022.

I. Additional Resources:

In addition to direct funding and naloxone kits, support will be available to all contractors to help with project implementation. The available resources are described below. Additional support and resources may be provided in response to needs identified by contractors.

- a) DOHMH will provide technical assistance to contractors to support procurement and installation of PHVM(s) and the timely development of policies and procedures
- b) DOHMH will provide and support programs in implementing needs assessment protocols, including data collection tools (including survey and/or interview guides) and training on needs assessment execution.
- c) DOHMH will provide guidance for developing a community engagement plan and provide required metrics to measure the extent of the community engagement.
- d) DOHMH will provide all relevant data collection tools and ongoing training on how to use and report on required data.

II. General Program Requirements:

A. Organizational Eligibility and Provider Experience

i) Program Expectations (applies to all Competition Pools)

- a. Proposers should be registered as an OOPP with the New York State Department of Health (NYSDOH).
- b. Contractors would have at least two (2) years of experience engaging with the people who use drugs (opioids and non-opioids). The engagement would include but not be limited to experience with the following:
 - i. Integration of substance use screening, risk reduction counseling and/or engagement into program services
 - ii. Development and application of specific strategies for substance use screening, risk reduction counseling and/or engagement into program services
 - iii. Effective relationship-building with the target population(s)
- c. Contractors would have a proven record of working with communities most burdened by overdose, including Black and Latinx communities and neighborhoods with very high poverty levels.
- d. The contractor would have at least two (2) years of experience providing services in at least one of the priority neighborhoods set forth in Table 1 above.
- e. The contractor would have experience conducting community needs assessments and community engagement to support new initiatives.
- f. The contractor would have experience advancing racial equity through their agency practice. Racial equity is the condition that would be achieved if one's racial identity no longer predicted health

and life outcomes. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them. This includes experience in the following:

- i. Increasing staff awareness about racism and equity
- ii. Commitment to ensuring boards, executives and employees reflect the racial and ethnic diversity of the communities served
- iii. Including equity principles in organization's policies and/or structure, including professional development opportunities and pathways to leadership for Black staff, indigenous staff, and staff of color.
- iv. Developing methods to allocate organization resources in ways that prioritize communities disproportionately affected by structural racism
- v. Developing/implementing methods to evaluate how racism and privilege may impact the relationship between organization's service providers and clients
- vi. Implementing strategies to reduce burn-out, address trauma and support the well-being of staff who are working in, or with, communities disproportionately impacted by structural racism and inequity

ii) **Program Expectations (applies to Competition Pool 1a and 1b)**

- (1) Proposers should be a registered SSP with the NYSDOH.

B. Program Activities

1. Program Expectations (applies to all Competition Pools)

- a. The contractor would develop a written action plan within the first month of the contract period, outlining how they will ensure that PWUD are meaningfully engaged in program planning and how they will ensure the expected program activities set forth in this section are completed. The action plan must include necessary staffing patterns to conduct this work.
- b. The contractor would collaborate with DOHMH to identify the potential PHVM location(s) within one month of the contract period.
 - i. Location(s) must increase days and/or hours that New Yorkers have access to naloxone and other supplies provided by the vending machines and be near places where PWUD already congregate.
 - ii. Careful consideration must be given to ensure that location(s) are safe and welcoming for PWUD.
 - iii. PHVMs can be placed indoors or outdoors (temperature-controlled machine).
 - iv. Priority neighborhoods (based on overdose mortality rate) are set forth in Table 1 below.
- c. Once the potential PHVM location(s) is/are determined, the contractor will collaborate with DOHMH to conduct the needs assessments within three months of the contract period using the protocol and templates provided by DOHMH. The needs assessment will engage PWUD to inform program planning. The needs assessment will involve data gathering and will be the basis for determining the following:
 - i. The harm reduction and wellness supplies to be included in the PHVM(s). All machines will include naloxone; other potential materials include safer use kits, menstrual supplies, safer sex kits, pregnancy tests, sharps containers, water, etc.
 - ii. The focus population within the neighborhood where the PHVM(s) will be placed.
 - iii. An outreach plan that details how to identify and recruit potential PHVM participants.

- iv. A low threshold enrollment process and mechanism to access the PHVM (I.e. PIN number only or PIN number + swipe card).
 - v. An ongoing plan for quality improvement and community accountability.
 - vi. The needs assessment must include at least two of the following engagement strategies:
 - 1. Survey or questionnaire
 - 2. Focus group
 - 3. Listening session
 - 4. Interviews
- d. Once the PHVM location(s), supplies, and mechanism of access are determined and within four months of the contract period, the contractor would initiate the following procurement activities:
- i. Maintain contact with Intelligent Dispensing Solutions (aka IDS, a part of The Wittern Group) to purchase one or two SD5000 vending machine(s). Steps to procure the machine(s) are as follows:
 - 1. Send IDS samples of all supplies to be included in the PHVM(s).
 - 2. If using swipe cards, send IDS a sample card.
 - 3. Send IDS graphics to be printed on outside of PHVM(s) (graphics will be provided by DOHMH).
 - 4. Send IDS a list of individuals who will have administrative access to PHVM cloud data system. The list must include DOHMH staff.
 - 5. Send IDS payment in full.
 - ii. If using cards, purchase swipe cards and a swipe card activator/reader.
 - iii. Purchase wellness and harm reduction supplies. Naloxone kits will be provided free of charge by DOHMH.
 - iv. Purchase insurance for PHVM and supplies. The contractor may add the PHVM and supplies to any existing insurance policies currently held.
- e. The contractor would develop a community engagement plan and conduct community engagement within the geographic community where the PHVM will be located. Goals of engagement are to determine baseline community attitudes towards the PHVMs and encourage community buy-in. Engagement will focus on people who may access the PHVM, other people who live in the neighborhood, and elected officials. Community engagement must consist of at least three of the following activities for Competition pools 2a and 2b, and all the activities for Competition Pools 1a and 1b:
- i. Town hall meeting(s) open to the public
 - ii. Presentations to local community-based organizations and community business associations
 - iii. Meetings with local elected officials
 - iv. Meetings with local law enforcement
 - v. Meetings with community boards, New York City Housing Authority (NYCHA) tenant associations, and other community groups
- f. The contractor would develop written policies and procedures within six months of the contract period that describe the guiding principles for the PHVM initiative and outline how this work will be implemented in the organization. The policies and procedures should at minimum include:
- i. Background information about the PHVM initiative and its goals
 - ii. PHVM Staffing roles and responsibilities

- iii. An outreach plan that details recruitment methods, how to identify potential PHVM participants and enrollment process
- iv. Inventory management (such as ordering supplies and kit assembly process)
- v. Required data collection, forms, and reporting process
- vi. Staff training requirements
- g. The contractor would attend monthly planning sessions hosted by DOHMH and additional meetings as needed with DOHMH.

2. Program Expectations (applies to Competition Pools 1a and 1b only)

- a. In collaboration with DOHMH, the contractor would submit a request to the NYSDOH Office of Drug User Health requesting to add PHVMs as a new modality of syringe distribution.

C. Organizational Capacity, Staffing Plan and Qualifications

1. Program Expectations (applies to all Competition Pools)

- a. The contractor would develop and implement a staffing plan to ensure qualified staff will provide the required community needs assessments, community engagement, necessary data management and reporting as well as the procurement.
- b. The contractor would, at a minimum, employ key staff or affiliated personnel who possess the following qualifications:
 - i. Lived experience and knowledge of the proposed focus population and geographic community where the PHVM will be placed
 - ii. Experience with qualitative and/or quantitative data collection and analysis
 - iii. Facilitation of various types of community needs assessments and engagement described in Section A above.
 - iv. Experience initiating, executing, and maintaining contracts with external partners
- c. The contractor will have the capacity to develop a written action plan within the first month of the contract period using a template provided by DOHMH.
- d. The contractor will have the capacity to launch the PHVM initiative as outlined in Section B above and summarized here:
 - i. Within first month of contract period: Determine potential PHVM location(s).
 - ii. Within three months of contract period: Conduct community needs assessment to inform program planning.
 - iii. Within four months of the contract period: Initiate procurement of PHVM(s), harm reduction and wellness supplies, and insurance.
 - iv. Prior to launch of the PHVMs, and beginning as early as possible, conduct community engagement within the geographic community where PHVM(s) will be placed.
 - v. Prior to launch of the PHVMs, and on an ongoing basis, identify and recruit potential PHVM participants.
 - vi. Within six months of the contract period: Develop written policies and procedures on how to manage the PHVM program.
- e. The contractor would have the capacity to attend monthly planning sessions, regularly scheduled check-ins, trainings, and additional meetings as needed with DOHMH.

2. Program Expectations (applies to Competition Pools 1b and 2b only)

- a. The contractor would have a minimum of 1.0 full-time equivalent (FTE) to coordinate the PHVM initiative or demonstrate plans to fill this role within three months of receiving funding.

3. Program Expectations (applies to Competition Pools 1a and 2a only)

- a. The contractor would have a minimum of .50 FTE to coordinate the PHVM initiative or demonstrate plans to fill this role within three months of receiving funding.

D. Program Monitoring, Data Management and Reporting

1. Program Expectations (applies to all Competition Pools)

- a. The contractor would provide services within New York City's five boroughs.
- b. The contractor would be required to submit monthly reports on several performance measures, including but not limited to action plan items completed, identifying challenges implementing the action plan, and any required changes to the action plan. The reports would also assess the contractor's efforts to promote racial equity within all aspects of their work. More information about racial equity, including frameworks to promote community engagement and shared leadership can be found on DOHMH's Race to Justice page located here: <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>
- c. The contractor would work with DOHMH to implement the community needs assessment. For this assessment, the contractor would use guided interview documents and other protocols developed by DOHMH.
- d. The contractor would submit a report to DOHMH summarizing the findings from the community needs assessment and include how the results have informed but not limited to the following:
 - i. The harm reduction and wellness supplies to be included in the PHVM.
 - ii. The focus population within the neighborhood where the PHVM(s) will be placed.
 - iii. The enrollment process and outreach plan to recruit PHVM participants.
 - iv. What is needed by community members to ensure that people feel empowered and safe to use the VM.
- e. The contractor would submit a community engagement plan that includes a plan to report back to the community any findings from the community engagement activities.
- f. The contractor will submit a report using DOHMH template. The report should summarize the efforts of the community engagement activities and may include the following:
 - i. Description, location, and number of community engagement activities
 - ii. Names of elected officials and partner organizations engaged near PHVM location(s)
 - iii. Number of community members engaged at public events and description of entities engaged
 - iv. Any materials developed and/or distributed
 - v. A summary of findings and action steps needed to address any community concerns identified through the community engagement.
- g. The contractor would provide DOHMH with administrative access to the PHVM cloud data system.
- h. The contractor would ensure that it maintains all records and data in a manner that complies with all local, state, and federal confidentiality and privacy regulations.

III. Contract Payments

Payments to institutions awarded this contract will be made based on completion of deliverables. Funds will be disbursed throughout the contract year after completion of each deliverable. To claim payment, contractors should submit invoices with the amount owed when submitting documentation of completion of deliverables. Contractors will be paid upon successful completion of the following deliverables:

- a. Development of DOHMH approved action plan to implement the PHVM initiative

- b. Plan and conduct a community needs assessment and the final report summarizing the findings
- c. Plan and conduct community engagement and the final report summarizing the findings
- c. Purchase and install the PHVM(s)
- e. Development of policies and procedures for managing the PHVM program
- f. Submit monthly reports to DOHMH with supporting documentation
- g. Attend DOHMH planning sessions and activities identified by DOHMH

IV. Required Proposal Narrative

Proposers must submit a written narrative that answers the required questions and topics, adheres to the outlined sequence, and includes the required supporting documentation (all included below). Each section should also be labeled according to its topic. The maximum length of the narrative is eight (8) pages, not including attachments.

V. Selection Criteria

A selection committee at DOHMH will select organizations for funding through this RFP based on the criteria listed below:

- 1. Is eligible for funding, as per requirements outlined in Applicant Eligibility section.
- 2. Applications must be complete and responsive to all instructions provided in the Application Instructions section. Submitted applications that do not supply the required information will be considered non-responsive. This will result in delayed awarding of funds and may also result in prorated funding depending on the length of delay.

VI. Application Instructions

- Your application must consist of narrative responses to the 7 sections below and must address all the questions in each section in the order listed. Label the beginning of each section as indicated (e.g., “Organization Experience,” etc.) and include each question number; it is not necessary to repeat the text of the question.
- Maximum length of the narrative is eight (8) pages, not including attachments.
- General instructions and additional requirements for the submission of the application are in the Submission Information section.

1) Competition Pool (5 points)

- a) Clearly state the competition pool(s) you are applying for. Indicate primary competition pool and second choice. Competition pools are as follows:

Competition Pool	Description
1a	Managing one PHVM with syringes
1b	Managing two PHVMs with syringes
2a	Managing one PHVM without syringes
2b	Managing two PHVMs without syringes

2) Organization Experience (25 points)

- a) Describe and demonstrate your organization’s experience engaging with people who use drugs (PWUD) or have a history of drug use. Include the services your agency provides to PWUD, the

- number of years engaging with PWUD, and specific strategies for engaging participants in program services
- b) Describe the populations served by your organization.
 - c) Describe and demonstrate the organization’s relevant experience providing services in at least one of the priority neighborhoods set forth in Table 1. Include the name(s) of the neighborhood(s) and number of years providing those services.
 - d) Describe and demonstrate the organization’s experience conducting outreach and community engagement.
 - e) Describe and demonstrate the organization’s experience assessing community needs and involving community members and/or clients in the development or improvement of programming.
 - f) Describe and demonstrate the organization’s relevant experience advancing racial equity through their agency practice. In the response include, as applicable:
 - i. Explanation and examples of any steps taken to increase staff awareness about racism and equity.
 - ii. Any inclusion of equity principles in your organization’s policies and/or structure.
 - iii. The elimination of policies or practices that could reinforce differential outcomes by race.
 - iv. Any documented methods used for allocating organization resources in ways that prioritize communities disproportionately affected by structural racism.
 - v. Commitments to ensuring boards, executives, and employees reflect the racial and ethnic diversity of communities served.
 - vi. Explanation and examples of the development/implementation of any mechanisms to evaluate how racism and privilege may impact the relationship between your service providers and clients.
 - vii. Explanation and examples of strategies implemented by your organization to reduce burn-out, address trauma and support the well-being of staff who are working in, or with, communities disproportionately impacted by structural racism and inequity.

3) Program Expectations (30 points)

- a) Describe and demonstrate the organization’s planned approach to implementing the PHVM initiative. In the response, include details on all the following:
 - i) The competition pool you are applying for: 1a, 1b, 2a, or 2b.
 - ii) Description of the proposed target population and the unmet need for harm reduction and wellness supplies in the proposed community.
 - iii) The proposed supplies to be included in PHVM(s)
 - iv) The proposed target neighborhood(s) outlined in Table 1
 - v) The potential placement(s) for the PHVM(s) and why these locations would be ideal.
 - vi) The proposed plans for involving the target population in the development of the PHVM initiative.
 - vii) Description of how different groups may be burdened by the PHVM initiative
 - viii) Description of the stakeholders that would need to be engaged during community engagement to launch the PHVM initiative successfully.
 - ix) The proposed approach to identifying people that would benefit from accessing the PHVM, including people who use cocaine or crack, methamphetamine, ketamine, opioids, pressed pills from nonmedical sources, polysubstance use, etc.
 - x) The proposed approach to incorporating dispensing of harm reduction and wellness supplies through PHVMs into current workflows.

- xi) The proposed approach to meet the implementation timeline outlined in the program activities in Section II.B

4) Staffing Plan (20 points)

- a) Describe the organization's plan to manage staffing based on the expectations outlined in the Organizational Capacity Section II.C. Outline the associated staff roles required to complete activities outlined in Section II.B and II.D. What new staff or hours will be added to perform this work?
- b) Submit an organization chart with the titles of all involved staff, and existing and proposed job duties related to this funding. If applying to more than one competition pool, a separate organization chart must be submitted for each competition pool.

5) Program Monitoring, Data Management, and Reporting (15 points)

- a) Describe how the organization plans to support program enrollment and manage participant enrollment information.
- b) Describe what experience (if any) the organization has collecting program data, and/or gathering data on program participation. In your response, please include:
 - i. A description of what type of program data is collected
 - ii. A description of systems used to document and manage the data
 - iii. Any barriers you have encountered while collecting program data
- c) Describe the policies the organization will put in place to maintain participant privacy and confidentiality and to ensure that all data are securely stored.

6) Proposed Budget (5 points)

- a) Applicants must complete and attach a Proposed Budget using the template provided.
- b) The proposed budget should be the estimated cost of providing the proposed services for a full 6-month period -- for a full 6 months of operation at capacity.
- c) Include a narrative description for each line item (justification for each budgeted line item) based on the project

7) Support and Resources needed (0 points)

- a) Describe any support the organization foresees needing from DOHMH to launch the PHVM initiative as outlined in Section A. In your response include:
 - a. Potential barriers during stakeholder engagement
 - b. Any support needed around collecting data or conducting needs assessments

VII. Funding Process

Institutions selected for funding will receive initial funding in February 2022; remaining funding will be awarded after completion of deliverables in June 30, 2022. Documentation of deliverables must be accompanied by an accounting of costs incurred.

VIII. General Disclosures

A. Right to Reject Proposals

The Fund for Public Health in New York 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.

The Fund for Public Health in New York may decline to review an application in the event the respondent submits a response after the submission deadline and/or any disparity is found during the evaluation process.

B. Costs

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

C. Fulfillment of Requirements

By submitting an information package, the respondent acknowledges that the respondent has read and understands this RFP and is capable of fulfilling all requirements.

D. Submitted Information

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

E. Right to Amend, Cancel this RFP, or Solicit a New RFP

FPHNY may amend or cancel this RFP at any time, without any liability to FPHNY, and/or DOHMH.

FPHNY or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

F. Amount of Business

FPHNY does not guarantee to any specific amount of business or revenue as a result of this RFP.

G. Security and Confidentiality

Respondents should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNY. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNY.

H. Insurance Certificate and A-133 Audit Information

Selected institutions will need to provide proof of liability insurance (including Worker's Compensation) and its most recent certified financial audit report (reports prior to 2013 will not be accepted for review), including A-133 Audit, if applicable. For audit years beginning after 12/26/14, an A-133 Audit is required if your organization expends \$750,000 in federal funds in the year. For prior audit years the requirement for A-133 was \$500,000 in federal funds during a given year.