

Fund for  
**Public Health NYC**  
**APPLICATION GUIDE**

Thank you for your interest in the Community-based Initiatives for Health Literacy and Action (CIHLA). 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.

To be considered for an award, organizations must submit their completed application by Wednesday, January 12, 2022 at 11:59 p.m. EST. Applications must be submitted via SurveyMonkey using the following link: <https://www.surveymonkey.com/r/W7DGP2T> . 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
- 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

***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 13 of the RFP and keep them in mind as you prepare your application.

### Step 2: Confirm Eligibility

Confirm your organization's eligibility by completing the Applicant Eligibility Questionnaire on pages 5-6 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. Applicant Signature Form
2. Coalition Member Commitment Form (if applicable)
3. Subcontractor Commitment Form (if applicable)
4. Acknowledgement of Addenda
5. Proposal Budget Form
6. IRS Form W-9

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.

### Step 6: Schedule Your Application

Schedule time to complete the online application. **The application must be completed in one sitting, so 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 issues with the submission process.

### Step 7: Last Step

Complete the online application via SurveyMonkey using the link posted in the RFP at: <https://www.fphnyc.org/get-involved/rfps/>.

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

## Applicant 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 Applicant Signature Form (*signatures required*)
- Upload Acknowledgement of Addenda Form (*signatures required*)
- Upload IRS Form W-9 (*signature required*)

\_\_\_\_\_ Section IIa: Fiscal Sponsor Information

\_\_\_\_\_ Section III: Qualifications & Experience

\_\_\_\_\_ Section IV: Proposal

\_\_\_\_\_ Section V: Proposal Budget

- Upload Budget Proposal Form (see page 14 for instructions)
- If applicable, upload Coalition Member Commitment Form (*signatures required*)
- If applicable, upload Subcontractor Commitment Form (*signatures required*)

## Section I: Applicant Eligibility Questionnaire

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](mailto:alawrence@fphnyc.org).

**Instructions: Please answer the following questions to demonstrate your organization's eligibility for CIHLA. 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 history of working with the specific focus population connected to the zip code your organization is proposing to serve (US-born Black people in 11233 in Bedford-Stuyvesant, Brooklyn; Dominican individuals or those of Dominican descent in 10456 in Morrisania, Bronx; Indigenous individuals from Mexico, Guatemala, Honduras and El Salvador in 10029 in East Harlem, Manhattan; Ecuadorian individuals or those of Ecuadorian descent in 11368 in Corona, Queens? Note that your organization does not need to have a history of working with the specific focus population in the zip code your organization is applying to. For example, if your organization has worked with the Ecuadorian community outside of Corona, this qualifies as having worked with that population.
  - Yes. *If yes, your organization may be eligible*
  - No. *Sorry, this opportunity is only available to organizations with a history of working with the specific population they are proposing to serve*

3. Does your organization have a site in New York City and serve people in the five boroughs?
  - o Yes. If yes, your organization may be eligible
  - o No. Sorry, this opportunity is only available to organizations with a site in NYC and that serve people in the five boroughs.
4. Is your organization a current awardee of one of the following programs at the Health Department: Community Disparities Grant (CDG), Vaccine Equity Partner Engagement (VEPE), Test and Trace (T2)?
  - o Yes
  - o No

If yes, please list which program your organization is a part of and the zip codes your organization is contracted to serve under this program.

5. If you are a CDG ~~or VEPE~~ awardee, are you currently operating under these awards in the same zip code you are proposing to serve for CIHLA (i.e. 11233, 10456, 10029, or 11368)?
  - Yes. Sorry, current CDG ~~and VEPE~~ awardees are eligible to apply as long as they are not currently operating under these awards in the zip code they are proposing to serve for the CIHLA RFP.
  - No. If no, your organization is a CDG awardee but may be eligible
  - Not applicable. If this question doesn't apply, your organization isn't a CDG ~~or VEPE~~ awardee and may be eligible.
6. 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 15 of the RFP.
  - o Yes. If yes, your organization may be eligible
  - o No. Sorry, organizations must be willing to register as a City of New York approved vendor.
7. 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 15 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. If applying as a coalition, please include the coalition's lead applicant's information 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. *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. *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. *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. What zip code is your organization applying to serve? Organizations can apply for only one zip code. The zip codes and populations covered under this RFP are

- 11233 (Bedford-Stuyvesant, Brooklyn; US-born Black people)
- 10456 (Morrisania, Bronx; Dominicans or those of Dominican descent)
- 10029 (East Harlem, Manhattan; indigenous people from Mexico, Guatemala, Honduras and El Salvador)
- 11368 (Corona, Queens; Ecuadorians or those of Ecuadorian descent)

20. Is your organization applying as a coalition?

- Yes
- No

21. Is your organization applying through a fiscal sponsor?

- Yes
- No

If yes, please complete the information about your organization's fiscal sponsor. 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."

### Section III: Qualifications and Organizational Experience

**Instructions: Please complete the information about your organization's qualifications and 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 have a physical location in the zip code your organization is proposing to serve or adjacent to the zip code your organization is proposing to serve?
  - Yes
  - No

If yes, please provide the address of your organization's site in the zip code your organization is proposing to serve or in the adjacent zip code.

3. Does your organization have a history of working in the zip code your organization is proposing to serve under this RFP?
  - Yes
  - No

If yes, please describe this history and any current work your organization is engaged in in this zip code. (100 words or less)

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

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

#### Funder 2

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

Funder 3

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

6. Does your organization have systems and processes in place to collect quantitative and qualitative data?

- Yes
- No

7. Does your organization have experience with both financial and programmatic grant reporting?

- Yes
- No

8. Does your organization have a community advisory board or other formal mechanism for gathering feedback and working with community?

- Yes
- No

9. Does your organization regularly work with community members to inform messaging, programming, or other aspects of how or where your organization operates?

- Yes
- No

If yes, please provide an example of how your organization regularly works with community members. (100 words or less)

10. Has your organization been providing COVID-19 education to your community or neighborhood?

- Yes
- No

11. Is your organization able to mobilize current staff to quickly to begin work in February 2022?

- Yes
- No

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

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

## Section IV: Proposal

**Directions: Please answer the questions below regarding your organization's experience and planned approach for deliverable 1, Tailored Messaging**

**Deliverable and Activities:**

**1A. Create at least 5 tailored and accessible messaging products.**

- 1 to 3 products must be created during FY22 (i.e. February 14, 2022-June 30, 2022). The remaining must be created during FY23 (i.e. July 1, 2022-June 30, 2023).
  - Eligible products include posters, palm cards, flyers, infographics, public service announcements, videos, podcasts, or other forms of messaging approved by the Health Department.
  - Products will be submitted to the Health Department upon completion and before dissemination, to ensure information aligns with current health guidance.
  - Printing/production costs can be included under this deliverable.
  - Message products will *not* be co-branded with DOHMH logo or any City of New York logos.
  - Organizations may need to revise products as new public health information becomes available
  - Tailored messaging means audiences' ethnicity, language, gender/gender identify, cultural background, and specific characteristics are taken into account when developing materials and messaging.
1. Does your organization have experience tailoring messaging and producing communications materials to reach specific communities?
    - Yes
    - No
  2. Does your organization have experience tailoring messaging and producing communications materials to reach the specific community your organization is proposing to serve with this RFP?
    - Yes
    - No
  3. Please describe the following related to this deliverable: (1) types of materials being produced, (2) strategies for tailoring messaging to the focus population, and (3) plans for involving the community in the development of messaging products. (200 words or less)
  4. How many tailored and accessible messaging products is your organization proposing to develop (must be at least 5 messaging products)?

**Directions: Please answer the following questions regarding your organization's experience and planned approach for deliverable 2, Community Outreach and Engagement.**

**Deliverables and Activities:**

**2A. Widely disseminate information on COVID-19 vaccines with (1) timely updates to networks when new information is released (the Health Department will provide timely updates for distribution) and (2) distribution of at least 1 tailored digital video, audio, or photo messages weekly (C/FBOs are responsible for producing their own content or using accurate, culturally appropriate messages created by other trusted sources. At least half of all content needs to be produced by the C/FBO and tailored to their specific audience).**

- Eligible distribution methods include listservs, local media, social media, messaging apps, webinars, phone trees, or other pre-approved methods for messaging.
- Number of community members reached, platforms used, and other relevant information must be submitted to DOHMH weekly

1. Does your organization have experience disseminating information and tailored digital messages?

- Yes
- No

2. Does your organization have experience disseminating information and delivering tailored digital messages to the priority population your organization is proposing to serve under this RFP?

- Yes
- No

3. Please describe the following related to this deliverable: (1) How your organization will distribute timely updates and estimated reach of the updates (2) social media platforms or other dissemination pathways your organization currently uses and how these will be utilized for this deliverable (3) number of tailored messages your organization is proposing to distribute weekly (must be at least 1) (4) strategies for message tailoring. (200 words or less)

**2B. Plan and implement at least 2 in-person engagement events (minimum 6 hours per week) every week for community members to access vaccine information and discuss fears and concerns around the COVID-19 vaccine.**

- Options for events include flyering, public tabling, door-to-door, or other in-person engagements.
- C/FBOs are expected to distribute their own flyers; Health Department flyers will also be available for use
- All in-person activities must adhere to public health requirements, such as social distancing and face coverings (resources, such as face coverings, may be requested from the Health Department at no cost).

- Number of materials distributed, number of community members reached, zip codes of outreach, and other relevant information must be submitted to the Health Department weekly.
1. Does your organization have experience flyering, tabling, or conducting other methods of distributing information via in-person engagement?
    - Yes
    - No
  2. Provide an example of a time when you used data or new information to inform your outreach strategies. (100 words or less)
  3. Does your organization have experience engaging in dialogue with the community to build vaccine confidence?
    - Yes
    - No
  4. What strategies will your organization employ to reach the priority population? (100 words or less)
  5. How many in-person engagement events is your organization proposing to do weekly (must be at least 2 per week and at least 6 hours total)?

**Directions: Please answer the questions below regarding your organization's experience related to deliverable 3, Organizational Health Literacy.**

**Deliverables and Activities:**

**Improve health literacy capacity of community partner organizations to develop and disseminate tailored health information rooted in knowledge, stories, and lived experiences of disparate populations.**

- A. Participate in baseline and follow-up surveys and interviews on organizational health literacy
- B. Participate in biweekly community of practice<sup>1</sup> with other recipient community partners to build trust, foster connection, and share best practices on health literacy.
- C. Implement quality improvement plans based on baseline and follow-up findings and consultations to advance Healthy People 2030 objectives.
- D. Participate in quarterly quality improvement assessments, consultation, and activities (e.g. trainings).
- E. Work with the Health Department and contracted media/communications partners to support tailored content development, dissemination, story collection, best practice development, and other related work.

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<sup>1</sup> A community of practice is a group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly

1. Does your organization have experience participating in a community of practice related to any topic?
  - Yes
  - No
  
2. Does your organization have experience implementing quality improvement plans?
  - Yes
  - No

If yes, describe the experience and key takeaways. (100 words or less)

3. Does your organization collect and use community stories to advocate for services, bring attention to barriers, highlight positive changes, or spur change?
  - Yes
  - No
  
4. Does your organization utilize NCLAS Standards (National Standards for Culturally and Linguistically Appropriate Services) to support health literacy?
  - Yes
  - No
  
5. Please share one example of how your organization works to advance health literacy? (50 words or less)

**Final Application Review and Submission**

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

Please note that the applications **cannot** be saved and completed later. If you exit the application without completing it, your answers will not be saved. Be sure to set aside plenty of time to complete the application in one sitting. If responses and all required documentation are prepared in advance, the application should take approximately 20-25 minutes to complete.

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

## Proposal Budget Instructions

As part of their budget proposal, Applicants must complete the Budget Proposal Form with a breakdown of the requested funding for the initial contract of 4.5 months for Fiscal Year 22. Budgets should include all reasonable costs for providing the work outlined in Section II, including staffing, training, 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 levels for the first 4.5 months of the project are included in the deliverables table on pages 8-10 of the RFP. Applicants are required to follow these guidelines in preparing their budget.

### INSTRUCTIONS FOR COMPLETING THE FORM

1. Prepare a 4.5-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 6 sections (1A, 2A, 2B, 2C, 3A/B/C/D/E, and 4A) to reflect each of the deliverable options available under this RFP. Applicants should complete all sections. The section for Deliverable 4: Evaluation has been pre-populated with the fixed deliverable amount of \$5,625. A detailed budget is not needed for Deliverable 4: Evaluation
3. The budget template contains formulas in Column K to calculate costs for rows, columns, and totals within for each budget component. However, Applicants are required to fill in Column L to reflect the costs being requested as part of their proposal. Applicants may request the full amount reflected in Column K.
4. Applicants may include in-kind contributions, but it is not required.

### PS (Personnel Services) Expenses

5. Applicants should list all staff positions by position title.
6. 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.
7. 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 in Column B.

### OTPS (Other Than Personnel Services) Expenses

8. Applicants should list all OTPS expenses individually in columns I and J (e.g. design, translation, printing, travel, volunteer stipends, etc.).

### Indirect Costs

9. Organizations with a Conditional Indirect Cost Rate (ICR) or Accepted ICR based on an Independent Accountant's Report or Negotiated ICR Agreement (NICRA) may budget

using their established rate. All other organizations should budget using a de minimis rate of 10%.

## INSTRUCTIONS FOR SUBMITTING THE FORM

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

Lastly, upload the Coalition Member Commitment Form and/or Subcontractor Commitment Form, if applicable.