

APPLICATION GUIDE

Amended 4.4.2022

COVID-19 Vaccine Equity Partner Engagement RFP *Staten Island & Orthodox Jewish Communities*

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

- **Application Overview (page 1)**
- **Application Steps (page 1)**
- **Application Checklist (page 4)**
- **Application Eligibility Questionnaire (page 5)**
- **RFP Application (page 8)**
- **Proposal Budget Instructions (page 30)**

To be considered for an award, Applicants must submit their completed application by **Wednesday, April 6, 2022** at 11:59 p.m. EDT. Applications must be submitted via SurveyMonkey using the following link: <https://www.surveymonkey.com/r/X8JRHHY>. Late applications and applications 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, Applicants will be able to complete the full application. The application consists of the following sections:

- Section I: Applicant Eligibility Questionnaire (5 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 (15 questions)
- Section IV: Proposal (6-7 questions per deliverable selected)
- 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 review criteria on page 15 of the RFP and keep them in mind as you prepare your application.

Step 2: Applicant's Conference

Attend the virtual Applicant's Conference which will be held via Zoom on Friday, February 25, 2022 from 11:00 a.m.-12:00 p.m. ET. While participation in the Applicants' Conference is not mandatory, it is recommended that Applicants utilize this opportunity to ask any questions they may have related to this RFP. Additionally, questions submitted via email prior to the webinar will be discussed.

Step 3: 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 4: 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. Proposal Budget Form
4. IRS Form W-9

***Addendum #3 - Please note that the Acknowledgement of Addenda form is not required for this RFP.**

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 5: 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 6: 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.

Step 7: Schedule Your Application

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

Applicants are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the Applicant to obtain assistance should there be a technical issue with the submission process.

Step 8: Last Step

Complete the online application via SurveyMonkey using the link posted at:

<https://www.fphnyc.org/get-involved/rfps/>. The application link will be posted within 72 hours of release of the RFP.

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

APPLICATION CHECKLIST

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

_____ Section I: Applicant Eligibility Questionnaire

_____ Section II: Applicant Information

- Upload Attachment A: Applicant Signature Form (*signatures required*)
- Upload Attachment C: IRS Form W-9 (*federal tax classification & signature required*)

_____ Section III: Qualifications & Experience

- Upload two (2) examples of completed messaging products (if applying for Deliverable 1A Tailored Messaging)

_____ Section IV: Proposal

_____ Section V: Proposal Budget

- Upload Budget Proposal Form (see page 31 for instructions)
- Upload Attachment B: 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 Meghan Smith, msmith@fphnyc.org.

Instructions: Please answer the following questions to demonstrate your organization's eligibility for the COVID-19 Vaccine Equity Partner Engagement Project. 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. Does your organization serve one or more of the communities in Staten Island and/or Orthodox Jewish communities specified in the RFP and listed below?
 - Yes. *If yes, your organization may be eligible*
 - No. *Sorry, this opportunity is only available to organizations that currently serve the communities specified.*

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

Please note that not all zip codes within each selection must be served.

- Brooklyn: 11219
- Brooklyn: 11230
- Brooklyn: 11210
- Brooklyn: 11211
- Brooklyn: 11213
- Brooklyn: 11204
- Staten Island: 10307

- Staten Island: 10308
- Staten Island: 10309
- Staten Island: 10312
- Staten Island: 10314

4. 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 14 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.

This project is being supported, in part, with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP). For more information, please visit: <https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService>.

Depending on award size, vendors may also be required to register in PASSPort, the City's digital procurement system. PASSPort training and information materials are available through videos, user guides and FAQs at www.nyc.gov/passport.

5. If awarded, does your organization agree to comply with all New York City Executive Orders and Orders of the Commissioner of Health and Mental Hygiene ("City Orders") that apply to City contractors and subcontractor and remain current with all such City Orders and requirements, which may be subject to change?
- Yes. If yes, your organization may be eligible
 - No. Sorry, organizations must be in compliance with the NYC Executive Orders.
6. 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 16-17 of the RFP.
- Yes. If yes, your organization may be eligible
 - 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 the types of insurance specified on pages 16-17 of the RFP.

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

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. Is your organization applying through a fiscal sponsor?

- Yes
- 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 the next page. If no, the application will continue with Section III. Qualifications & Experience.

19. Fiscal Sponsor Organization Name

20. Business Address

21. Contact Name

22. Contact Title

23. Contact Email

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

25. Employer Identification Number

26. Year Incorporated/Founded

27. Organization Website

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

SECTION III: QUALIFICATIONS & ORGANIZATIONAL EXPERIENCE

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

1. Please indicate which of the following populations your organization serves and devotes at least 20% or more of the organization's total staff to support. Please also specify the percentage of staff support for each population served. Percentages can be rough approximations; totals may add up to more than 100%.

- African American and Black communities _____%
- Asian and Pacific Islander communities _____%
- Indigenous and Native American communities _____%
- Latino/a/x communities _____%
- Immigrant and/or undocumented communities _____%
- People over the age of 65 _____%
- People with disabilities _____%
- People experiencing domestic/intimate partner violence _____%
- People with faith-specific needs, such as Haredi communities _____%
- People with informal job situations, including sex workers _____%
- People experiencing homelessness or unstably housed _____%
- People who are justice-involved _____%
- People with Limited English Proficiency _____%
- People living with chronic disease _____%
- People living in public housing _____%
- People of LGBTQ+ and TGNCNB experience _____%
- People with mental or behavioral health needs _____%
- People who use drugs _____%
- Youth/young adults _____%

2. Is a majority (at least 51%) of your organization's leadership (including board leadership) and staff from the neighborhood or part of the community you serve?

- Yes
- No

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

4. Please complete the following for the 3 largest grants and/or donations received by your organization in the past three 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)

5. Does your organization collect data on services provided and populations served?
- Yes
 - No
6. Does your organization have experience with both financial and programmatic grant reporting?
- Yes
 - No
7. Does your organization have a community advisory board or other formal mechanism for gathering feedback and working with community?
- Yes
 - No
8. 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. (100 words or less)

9. Does your organization have experience compensating community members for input and other contributions?
- Yes
 - No
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?
- Yes
 - No

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

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

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

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

If yes, please provide an example.

11. Has your organization served your community or neighborhood to address COVID-19?
- Yes
 - No

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

12. Has your organization regularly provided COVID-19 education to your community or neighborhood?
- Yes
 - No

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

13. Is your organization able to mobilize current staff or hire staff quickly to begin work in April 2022?
- Yes
 - No

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

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

SECTION VI: PROPOSAL

Is your organization proposing to deliver services within the Tailored Messaging category?

- Yes
- No

If yes, please complete the questions in Part 1 Tailored Messaging. If no, you will be directed to the next section, Part 2 Community Outreach & Engagement.

Part 1: Tailored Messaging

Directions: Please answer the questions below regarding your organization's experience and planned approach for Deliverable 1A.

Deliverable 1A: Create between 5-10 tailored and accessible messaging products with a primary focus on youth under age 18 and/or their parents/caregivers.

- Eligible products include posters, palm cards, flyers, infographics, public service announcements, videos, podcasts, or other forms of messaging.
- Products will be submitted to DOHMH upon completion, and before dissemination, to ensure information aligns with current health guidance. Products may need to be revised as new public health information becomes available.
- 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.
- Prior to activity, all staff/volunteers (or subcontracted staff) must (1) complete DOHMH-led training on vaccine messaging, (2) review other COVID-19 resources provided by DOHMH, and (3) integrate vaccine updates.

1. Does your organization have experience tailoring messaging and producing communications materials to reach specific communities?
 - Yes
 - No

If yes, please upload 2 examples of completed messaging products.

Examples can include posters, palm cards, flyers, infographics, social media posts, or other forms of messaging.

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.

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) types and quantities of materials being produced, (3) strategies for message tailoring, and (4) how community members will be involved in planning/implementation (including compensation, if applicable). *(Suggested word limit: 300 words)*
3. Number of tailored and accessible messaging products your organization is proposing to develop (must be at least 5 messaging products).

4. Please indicate which of the neighborhoods below your organization is proposing to serve with this deliverable. Select all that apply.

- Brooklyn: 11219
- Brooklyn: 11230
- Brooklyn: 11210
- Brooklyn: 11211
- Brooklyn: 11213
- Brooklyn: 11204
- Staten Island: 10307
- Staten Island: 10308
- Staten Island: 10309
- Staten Island: 10312
- Staten Island: 10314

5. Please indicate which of the languages below your organization is proposing to produce materials in with this deliverable. Select all that apply.

- African languages
- American Sign Language
- Arabic
- Bengali
- Chinese (includes Cantonese, Mandarin, Formosan)
- English
- French
- Haitian Creole
- Hindi
- Italian
- Korean
- Polish
- Punjabi
- Russian
- Spanish
- Tagalog
- Urdu
- Yiddish
- Other
- Please specify other language(s)

6. Please indicate which of the priority communities below your organization is proposing to serve with this deliverable. Select all that apply.

- People over the age of 65
- People with disabilities
- People living with chronic disease
- People who are homeless or unstably housed
- People with mental or behavioral health needs
- Immigrant/undocumented populations
- Children and youth under age 18
- Parents of children under age 18

- None

[End of Part 1: Tailored Messaging]

Is your organization proposing to deliver services within the Community Outreach & Engagement category?

- Yes
- No

If yes, please complete the questions in Part 2 Community Outreach & Engagement. If no, you will be directed to the next section, Part 3 Navigation.

Has your organization selected Deliverable 2A?

Deliverable 2A: Widely disseminate information on COVID-19 vaccines with (1) timely updates to networks when new information is released, and (2) distribution of at least 2 tailored digital messages on a weekly basis.

- Yes
- No

If yes, you will be directed to questions related to your organization's plan and approach for Deliverable 2A. If no, you will be directed to Deliverable 2B.

Part 2: Community Outreach & Engagement – Deliverable 2A

Please answer the questions below regarding your organization's experience and planned approach for Deliverable 2A.

Deliverable 2A: Widely disseminate information on COVID-19 vaccines with (1) timely updates to networks when new information is released (DOHMH will provide timely updates for distribution) and (2) distribution of at least 2 tailored digital messages weekly (DOHMH will not provide these).

- **Eligible distribution methods include listservs, local media, social media, messaging apps, webinars, phone trees, or other methods for messaging.**
- **Messages must contain either video, audio, or visual content in the form of an infographic. Messaging and dissemination methods should focus on reaching youth under age 18 and/or their parents/caregivers.**
- **Data on number of materials distributed and number of community members reached will be collected and reported to DOHMH on a weekly basis.**
- **Prior to activity, all staff/volunteers (or subcontracted staff) must (1) complete DOHMH-led training on vaccine messaging, (2) review other COVID-19 resources provided by DOHMH, and (3) integrate vaccine updates.**

1. Does your organization have experience delivering tailored digital messages to the community?
 - Yes
 - No

If yes, please describe or provide a link to an example of a tailored digital message your organization has developed and delivered to the community. If no, please enter "NA." (100 words or less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) dissemination pathway(s), (3) strategies for message tailoring, and (4) how community members will be involved in planning/implementation (including compensation, if applicable). *(Suggested word limit:300 words)*
3. Number of tailored digital messages your organization is proposing to develop and distribute on a weekly basis (must be at least 2 per week). *(Please respond with a whole number.)*
4. Describe estimated weekly reach (potential number of unique individuals who will see or hear your organization's messages) **and** demonstrate ability to achieve these goals (e.g. social media presence, newsletter audience, current meeting attendance). *(Suggested word limit: 200 words)*
5. Please indicate which of the neighborhoods below your organization is proposing to serve with this deliverable. Select all that apply.
 - Brooklyn: 11219
 - Brooklyn: 11230
 - Brooklyn: 11210
 - Brooklyn: 11211
 - Brooklyn: 11213
 - Brooklyn: 11204
 - Staten Island: 10307
 - Staten Island: 10308
 - Staten Island: 10309
 - Staten Island: 10312
 - Staten Island: 10314
6. Please indicate which of the languages below your organization is proposing to provide services in with this deliverable. Select all that apply.
 - African languages
 - American Sign Language
 - Arabic
 - Bengali
 - Chinese (includes Cantonese, Mandarin, Formosan)
 - English
 - French
 - Haitian Creole
 - Hindi
 - Italian
 - Korean
 - Polish
 - Punjabi
 - Russian
 - Spanish
 - Tagalog
 - Urdu
 - Yiddish

- Other
 - Please specify other language(s)
7. Please indicate which of the priority communities below your organization is proposing to serve with this deliverable. Select all that apply.
- People over the age of 65
 - People with disabilities
 - People living with chronic disease
 - People who are homeless or unstably housed
 - People with mental or behavioral health needs
 - Immigrant/undocumented populations
 - Children and youth under age 18
 - Parents of children under age 18
 - None

[End of Part 2 – Deliverable 2A]

Has your organization selected Deliverable 2B?

Deliverable 2B: Plan and implement at least 1 in-person engagement event per week for community members to access vaccine messaging.

- Yes
- No

If yes, you will be directed to questions related to your organization's plan and approach for Deliverable 2B. If no, you will be directed to Part 3: Navigation.

Part 2: Community Outreach & Engagement – Deliverable 2B

Please answer the questions below regarding your organization's experience and planned approach for Deliverable 2B.

Deliverable 2B: Plan and implement at least 1 in-person engagement event per week for community members to access vaccine messaging.

- **Engagement events are not required to have a COVID-19 focus; instead, Applicants are encouraged to propose events focused on health and wellness into which they can incorporate COVID-19 messaging.**
- **Engagement events should focus on reaching youth under age 18 and/or their parents/caregivers.**
- **Options for events include health screenings and education classes; community listening sessions; health and wellness presentations to civic groups, houses of worship, etc.; walking, biking and/or race events; field days; healthy cooking demonstrations; health fairs; collaborative Days of Action; canvassing, flyering, public tabling, etc.**
- **Collaboration with other C/FBOs and/or a Federally Qualified Health Center within assigned zip codes on Days of Action, health fairs or other events is encouraged.**
- **Data on number of materials distributed and number of community members reached will be collected and reported to DOHMH on a weekly basis.**
- **Prior to activity, all staff/volunteers (or subcontracted staff) must (1) complete DOHMH-led training on vaccine messaging, (2) review other COVID-19 resources provided by DOHMH, and (3) integrate vaccine updates.**

1. Does your organization have experience distributing information via in-person engagement?
 - Yes
 - No

If yes, please describe an example of your organization's experience distributing information via in-person engagement. If no, please enter "NA." (100 words or less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) types of activities, (3) strategies for message tailoring, and (4) how community members will be involved in planning/implementation (including compensation, if applicable). *(Suggested word limit: 300 words)*
3. Number of in-person engagement events your organization is proposing on a weekly basis (must be at least 1 in-person engagement event per week).
4. Describe estimated weekly reach (potential number of unique individuals who will see or hear your organization's messages) **and** demonstrate your organization's ability to achieve these goals (e.g. social media presence, newsletter audience, current meeting attendance). *(Suggested word limit: 200 words)*
5. Please indicate which of the neighborhoods below your organization is proposing to serve with this deliverable. Select all that apply.
 - Brooklyn: 11219
 - Brooklyn: 11230
 - Brooklyn: 11210
 - Brooklyn: 11211
 - Brooklyn: 11213
 - Brooklyn: 11204
 - Staten Island: 10307
 - Staten Island: 10308
 - Staten Island: 10309
 - Staten Island: 10312
 - Staten Island: 10314

6. Please indicate which of the languages below your organization is proposing to provide services in with this deliverable. Select all that apply.
 - African languages
 - American Sign Language
 - Arabic
 - Bengali
 - Chinese (includes Cantonese, Mandarin, Formosan)
 - English
 - French
 - Haitian Creole
 - Hindi
 - Italian
 - Korean

- Polish
- Punjabi
- Russian
- Spanish
- Tagalog
- Urdu
- Yiddish
- Other
- Please specify other language(s)

7. Please indicate which of the priority communities below your organization is proposing to serve with this deliverable. Select all that apply.

- People over the age of 65
- People with disabilities
- People living with chronic disease
- People who are homeless or unstably housed
- People with mental or behavioral health needs
- Immigrant/undocumented populations
- Children and youth under age 18
- Parents of children under age 18
- None

[End of Part 2 – Community Outreach & Engagement]

Is your organization proposing to deliver services within the Navigation category?

- Yes
- No

If yes, please complete the questions in Part 3: Navigation. If no, you will be directed to Section V. Proposal Budget.

Part 3: Navigation

Please answer the questions below regarding your organization's experience and planned approach for Deliverable 3A.

Deliverable 3A: Engage and provide one-on-one healthcare navigation services to support vaccination access/appointments.

- **Engage and provide one-on-one navigation services to community members aimed at helping individuals to connect to needed health and social services including sign up for COVID-19 appointments; providing referrals to providers and community partners for individuals in need of other health or social services.**
- **Applicants should propose a weekly performance target for one-on-one navigation session that reflects their organizational capacity and the current state of the pandemic.**
- **Services will include booking vaccine appointments, supporting individuals in finding a walk-up site, and providing information for or set up appropriate transportation for eligible New Yorkers to and from vaccination site.**
- **Data on total engagements and client demographics will be collected and reported to DOHMH on a weekly basis.**

- **Prior to activity, all staff/volunteers (or subcontracted staff) must (1) complete DOHMH-led training on vaccine messaging, (2) review other COVID-19 resources provided by DOHMH, and (3) integrate vaccine updates.**

1. Does your organization have experience connecting people to services/resources and helping people navigate government and healthcare systems?
 - Yes
 - No

If yes, please describe an example of your organization's experience connecting people to services/resources and helping people navigate government and healthcare systems. If no, please enter "NA." (100 words or less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) strategies for outreach/engagement, (3) plans for providing services/addressing barriers, and (4) how community members will be involved in planning/implementation (including compensation, if applicable). (*Suggested word limit: 300 words*)
3. Number of one-on-one navigation appointments your organization is proposing to deliver each week.
4. Please indicate which of the neighborhoods below your organization is proposing to serve with this deliverable. Select all that apply.
 - Brooklyn: 11219
 - Brooklyn: 11230
 - Brooklyn: 11210
 - Brooklyn: 11211
 - Brooklyn: 11213
 - Brooklyn: 11204
 - Staten Island: 10307
 - Staten Island: 10308
 - Staten Island: 10309
 - Staten Island: 10312
 - Staten Island: 10314
5. Please indicate which of the languages below your organization is proposing to provide services in with this deliverable. Select all that apply.
 - African languages
 - American Sign Language
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 - Hindi

- Italian
- Korean
- Polish
- Punjabi
- Russian
- Spanish
- Tagalog
- Urdu
- Yiddish
- Other
- Please specify other language(s)

6. Please indicate which of the priority communities below your organization is proposing to serve with this deliverable. Select all that apply.

- People over the age of 65
- People with disabilities
- People living with chronic disease
- People who are homeless or unstably housed
- People with mental or behavioral health needs
- Immigrant/undocumented populations
- Children and youth under age 18
- Parents of children under age 18
- None

[End of Part 3: Navigation]

SECTION V: PROPOSAL BUDGET

Instructions: Please complete the information about your organization's project budget below.

1. Total Funding Requested (\$) (*enter whole numbers only; no commas*)

Please note that the TOTAL FUNDING REQUESTED entered here must match the amount listed in cell L2 of your organization's Proposal Budget Form.

2. Please upload your organization's project budget using the template provided. *Please note that a project budget 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.

In the next section, please provide your organization's proposed cost per deliverable. Proposed costs should include estimates for all work outlined in Section II of the RFP, including staffing, community input activities, design, translation, printing, media trainings, volunteer management, travel, and administrative costs.

(1) TAILORED MESSAGING

Deliverable 1A: Create 5-10 tailored and accessible messaging products.
Proposed Funding - \$50,000

3. Proposed Deliverable Cost (*enter whole numbers only; no commas*)
4. If requesting more than \$50,000, please provide a brief justification. (200 words or less)

(2) COMMUNITY OUTREACH & ENGAGEMENT

Deliverable 2A: Widely disseminate information on COVID-19 vaccines with (1) timely updates to networks when new information is released (DOHMH will provide timely updates for distribution) and (2) distribution of at least 2 tailored digital messages weekly (DOHMH will not provide messaging).

Proposed Funding - \$20,000

5. Proposed Deliverable Cost (*enter whole numbers only; no commas*)
6. If requesting more than \$20,000, please provide a brief justification. (200 words or less)

Deliverable 2B: Plan and implement at least 1 in-person engagement event per week for community members to access vaccine messaging.

Proposed Funding - \$60,000

7. Proposed Deliverable Cost (*enter whole numbers only; no commas*)
8. If requesting more than \$60,000, please provide a brief justification. (200 words or less)

(3) NAVIGATION

Deliverable 3A: Engage and provide one-on-one navigation services to individuals to support vaccination access/appointments.

Proposed Funding - \$100,000

9. Proposed Deliverable Cost (*enter whole numbers only; no commas*)
10. If requesting more than \$100,000, please provide a brief justification. (200 words or less)

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

FINAL APPLICATION REVIEW AND SUBMISSION

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

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

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, 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 are included in the deliverables table on pages 9-11 of the RFP. Applicants are encouraged to follow these guidelines in preparing their budget; however, additional funding may be requested with strong justification. If requesting additional funds, please include a justification clearly indicating need in Section V (Proposed Budget) of your organization's Survey Monkey application.

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 (1, 2A, 2B, 3, and 4) to reflect each of the deliverable under this RFP. Applicants should complete only the sections applicable to the deliverables they are proposing to fulfill. The section for Deliverable 4: Evaluation has been pre-populated with the fixed deliverable amount. *A detailed budget is not required for Deliverable 4: Evaluation.*
3. **All items must have an estimated unit cost and number of units needed, as well as a description/justification of use.**
4. **Please review "Unallowable Costs" below for project expenses that are NOT allowed under this funding opportunity.**
5. If Applicants exceed the proposed funding amount (as shown in the header for each budget section) for any of the deliverables they have selected, they must complete a budget justification in the Budget Proposal section of their Survey Monkey application.

PS (Personal Services) Expenses

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

7. 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.
8. If applicable, Applicants should fill in their organization's established fringe benefit rate as a percentage in Column B. Fringe benefits are auto calculated given the rate entered into Column B.

OTPS (Other Than Personal Services) Expenses

9. Applicants should list all OTPS expenses individually (e.g. design, translation, printing, travel, volunteer stipends, etc.).

Indirect Costs

10. Organizations with a Negotiated ICR Agreement (NICRA) may budget using their established rate. All other organizations should budget using a de minimis rate of 10%.

Unallowable Costs

The following are examples of unallowable costs:

- Vaccine Administration
- Vaccine Supplies
- Promotional items or giveaways (e.g., t-shirts, bags, cups, pens, or other branded items)
- Entertainment or other costs incurred for amusement, social activities and any associated costs
- Food and beverages
- Research
- Clinical Care
- Furniture
- Construction
- Equipment
- Vehicle Purchase
- Fundraising activities
- Lobbying
- Fines, penalties

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:

Click on the File tab

- Select “Save As” from the options on the left side bar (or, if you’re using an older version of Excel, select “Save As” from the File menu).
 - Select the relevant folder location for saving the file. Once the location is selected, the Save As dialog box will open.
 - In the dialog box, locate the Save as type field and click on the dropdown arrow.
 - From the dropdown menu that appears, select “PDF.”
 - Click on the “Options” button (located towards the bottom of the dialog box). This will open a new dialog box for you to enter your formatting options.
 - Under the Publish what section, click on the “Active Sheet(s)” option.
 - Click OK to close the Options dialog box.
 - Now back at the Save As dialog box, click on “Save” to save the sheet and close the dialog box.
4. Once your budget has been converted to PDF, it will be ready for upload when completing your application in SurveyMonkey.