

# APPLICATION GUIDE

## Public Health Corps COVID-19 Disparities Initiative

Thank you for your interest in the Public Health Corps COVID-19 Disparities Initiative- Washington Heights/Inwood. 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 1-2)**
- **Application Checklist (page 3)**
- **Application Eligibility Attestations (page 4)**
- **RFP Application (page 5-10)**
- **Proposal Budget Instructions (page 11-15)**
- **Attachments (page 17-30)**

To be considered for an award, Applicants must submit their completed application by **July 15, 2022** at 11:59 p.m. EDT. Applications must be submitted via Survey Monkey using the following link: <https://www.surveymonkey.com/r/8KTGXZZ>. Late applications and applications submitted via e-mail will not be accepted.

### **Application Overview:**

Applicants will first must first attest to their ability meet the minimum requirements for award in Section I of the application. After demonstrating that the RFP's eligibility criteria have been met, Applicants will be able to complete the full application. The application consists of the following sections:

- Section I: Applicant Eligibility Attestations
- Section II: Applicant Information
- Section III: Organization Qualifications
- Section IV: Applicant Type
- Section V: Capacities and Plan
- Section VI: Proposal Budget, Budget Narrative, **and Audited Financial Statement**

*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 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 Attestation on pages 5-6 below. To be eligible, organizations must be able to attest to all statements.

### 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 5 of this guide to ensure they are aware of all required elements. The following required forms can be found at the end of this guide or must be downloaded from FPHNYC's website: <https://www.fphnyc.org/get-involved/rfps/>

1. Attachment A: Applicant Signature Form (page 18)
2. Attachment B: Coalition Member Commitment Form (page 19)
3. Attachment C: Letters of Support (page 20)
4. Attachment D: Capacities and Plan (page 21)
5. Attachment E: Line-Item Proposal Budget Form (on FPHNYC Website)
6. Attachment F: Budget Narrative Proposal Form (Page 23)
7. Attachment G: IRS Form W-9 (on FPHNYC Website)

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 15-20 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. Applicants must also complete and sign the Acknowledgement of Addenda form

### 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 Survey Monkey using the link posted at: <https://www.fphnyc.org/get-involved/rfps/>. The application link will be posted within 48 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 Attestation

\_\_\_\_\_ Section II: Applicant Information

- Upload Attachment A: Applicant Signature Form in PDF (*signatures required*)
- Upload Attachment G: IRS Form W-9 (*signature required*)

\_\_\_\_\_ Section III: Organization Qualifications

\_\_\_\_\_ Section IV: Application Type

If Applying as a Coalition:

- Upload Attachment B: Coalition Member Commitment Forms combined in 1 PDF (*signatures required*)

\_\_\_\_\_ Section V: Capacities and Plan

- Upload Attachment D in 1 PDF

\_\_\_\_\_ Section VI: References

- Upload Attachment C: Letters of Support. Combine form and all 3 letters of support in 1 PDF

\_\_\_\_\_ Section VII: Proposal Budget and Audited Financial Statement

- Upload Attachment E: Line-item Budget Proposal Form (see page 13 of this guide for instructions)
- Upload Attachment F: Budget Narrative Form (see page 13 of this guide for instructions)
- Upload lead applicant's audited financial statement

## SECTION I: APPLICANT ELIGIBILITY ATTESTATION

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 Alexis McLauchlan at [amclauchlan@fphnyc.org](mailto:amclauchlan@fphnyc.org).

**Instructions: Please respond to the following attestations to demonstrate your organization's eligibility for the COVID-19 Disparities Initiative. For more information on applicant eligibility, please refer to pages 5 of the RFP.**

1. I attest to my organization's status as a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status. If applying as a lead applicant in a coalition, I attest that my coalition partner(s) are C/FBOs or qualify as a Minority and Women-Owned Business Enterprises (M/WBE) (Yes/No)
2. I attest that my organization has an active registration in SAM.gov. (Yes/No)
3. I attest that my organization will have collaborative, non-competitive, relationships with contractors from other COVID-19 initiatives in their catchment area with whom they may share similar deliverables. (Yes/No)
4. I attest that my organization has existing staff in Community Health Worker (CHW) or related roles. (Yes/No)
5. I attest that my organization does not current hold any DOHMH/FPHNYC led Covid-19 initiatives contracts, such as the Vaccine Equity Partner Engagement project, in Washington Heights/Inwood. (Yes/No)
6. If applying as a lead applicant in a coalition application, I attest to my organization's ability to administer federal funds and effectively manage subcontracts. (Yes/No/NA)

**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 (for proposed UHF neighborhood if different than business address)
  - Street Address 1
  - Street Address 2
  - City
  - State
  - Zip Code
4. Program Site 2, if applicable (for proposed UHF neighborhood if different than business address)
  - Street Address 1
  - Street Address 2
  - City
  - State
  - Zip Code
5. Contact Name
6. Contact Title
7. Contact Email
8. Contact Phone Number (*Please format xxx-xxx-xxxx*)
9. Federal Employer Identification Number
10. Year Incorporated/Founded
11. Organization Mission Statement
12. Organization Website  
If your organization does not have its own website, please enter "NA."
13. 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.*

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

### SECTION III: Organization Qualifications

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

1. Does your organization have experience managing a team of at least 10 community-facing, health-focused staff (this includes community health workers, health outreach workers, peers, navigators, advocates, etc.)?
  - a. Yes/No
  - b. If yes, briefly describe
2. Are a majority of your leadership roles made up of BIPOC (Black, Indigenous, People of Color) staff?
  - a. Yes/No
  - b. If yes, how many BIPOC staff are in your organization's leadership team?
3. Does a majority of your leadership and staff reside in the proposed neighborhood?
  - a. Yes/No
4. Does your organization provide anti-racism training to staff? This can include implicit bias training, cultural competency training, or other similar types of training?
  - a. Yes/no
  - b. If yes, please describe
5. Please list the top three populations your organization serves and is primarily focused on in your work. Responses should specify race, ethnicity, or immigrant/undocumented communities.
  - a. Please state the top three populations
6. Please select the aspects of neighborhood health your organization focuses on from the categories below. If there is an aspect of neighborhood health your organization focuses on that is not on the list below, please write in the "other" text box.
  - a. People over the age of 65
  - b. People with disabilities
  - c. People experiencing domestic/intimate partner violence
  - d. People with faith-specific needs, such as Haredi communities
  - e. People with informal job situations, including sex workers
  - f. People experiencing homelessness or unstably housed
  - g. People who are justice-involved
  - h. People with Limited English Proficiency
  - i. People living with chronic disease
  - j. People living in public housing
  - k. People of LGBTQ+ and TGNCNB experience
  - l. People with mental or behavioral health needs
  - m. People who use drugs
  - n. Youth/young adults
  - o. Other – Text Box

7. Is your organization committed to making a good faith effort to hire City-affiliated Community Health Workers (CHW)Vaccine for All staff in at least 4 CHW positions, provided that the applicants have received CHW training and reside in the neighborhood of the award?
  - a. Yes/No
  - b. If yes, describe
  
8. Does your organization **currently** provide services in any or all of the zip codes in Washington Heights/Inwood?
  - a. Yes/No
  
9. Does your organization currently have a Covid-19 Disparities Initiative contract in another neighborhood?
  - a. Yes/No



## SECTION VI: Application Type

1. What type of applicant are you? **Please note: If a coalition of organizations has associated under a single 501c3 umbrella, and all the staff and deliverables will be responsibility of that 501c3 with no delegation to other organizations, this is considered a single applicant, and not a coalition for purposes of this application**
  - a. Individual non-profit organization (check box)
  - b. Coalition (check box)
2. If applying as a coalition, please answer the following questions:
  - a. List all members of your coalition that will be funded to deliver on all or parts of the deliverables, including an address, contact information, and annual operating budget for each
    - i. Organization 1
      1. Name of Organization
      2. Address
      3. Contact name and title
      4. Annual operating budget
    - ii. Organization 2
      1. Name of organization
      2. Address
      3. Contact name and title
      4. Annual operating budget
    - iii. Organization 3
      1. Name of organization
      2. Address
      3. Contact name and title
      4. Annual operating budget
  - b. Are all coalition member organizations 501C3s or New York City certified Minority and Women-owned Business Enterprises (M/WBE)?
    1. Yes/No
  - c. Do your coalition members have an established or existing relationship?
    1. Yes/No
    2. If yes, please attach any standing Memorandum of Understanding (MOU) or agreements in **1 single combined PDF form**.
  - d. Upload a signed Coalition Member Commitment Form for each coalition organization—upload **1 single combined PDF form**. *Please note that a completed Coalition Member Commitment form must be submitted for an application to be considered complete*

## SECTION V: Capacities and Plan

**The following questions should be submitted using Attachment D: Capacities and Plan. Please convert document into a single PDF and upload into Survey Monkey.**

All answers to this section should be typed into Attachment D: Capacities and Plan and uploaded as a single PDF file. The document can be found at the end of this application guide and on the FPHNYC website here: <https://fphnyc.org/get-involved/requests-proposals/>.

Question 2: Letters of Support. Please fill out Attachment C: Letters of Support and combine with the 3 letters of support into 1 single PDF. The document can be found at the end of the application guide, RFP, and on the FPHNYC website here: <https://fphnyc.org/get-involved/requests-proposals/>.

*Please note that a completed Capacities and Plan document must be submitted for an application to be considered complete*

### Organizational capacity

1. Describe your organizational capacity to take on a \$1 million contract, hire 14 new staff, lead a social change model, and champion anti-racist public health practice. (500 words)
2. Existing Partner Relationships: Please submit 3 letters of support from your neighborhood partner organizations and fill out Attachment C: Letters of Support. These letters of support should be from a 1) local healthcare organization, 2) a local service provider, and 3) a local resident/business association. Please combine all 3 letters of support into 1 single PDF form and upload into Survey Monkey.

*Please note that completed Letters of Support must be submitted for an application to be considered complete*

3. Describe your organization's: (300 words)
  - a. Formal structures in place to engage community members, obtain community input and feedback, and incorporate feedback into the work that you do (e.g. governance meetings with community residents, main methods employed to interface with community members and community partners, etc)
  - b. Systems and/or protocols to manage direct client services including resource navigation and counseling (include any tools you may have to document client services and referrals).

### Implementation plan and timeline

4. Describe in more detail how you envision your organization delivering on the program activities using the proposed timeline. Be specific on:
  - a. How you will ensure the timely completion of First Quarter deliverables
  - b. Existing roles and infrastructure that will support deliverables

- c. Plans for hiring new staff

**Sustainability**

- 5. Describe how your organization envisions being able to provide continuity to the activities initiated in this project via organization's existing capacity or alternative funding streams. (500 words)
- 6. Provide a short self-assessment of the technical assistance needs (clinical, financial, policy, communications) your organization would like to fulfill during the contract period to support your organization in being able to obtain external funding for the continuation of the activities initiated in this project. (300 words)

## SECTION VI: Budget and Audited Financial Statement

All applicants must submit a line item budget, a budget narrative, **and a copy of their audited financial statement** with their application. The budget should include all personnel and other than personnel costs proposed for this contract. Attachment E: Line-Item Budget Proposal Form and Attachment F: Budget Narrative Form, can be found here: <https://fphnyc.org/get-involved/requests-proposals/>. Below are instructions for completing and uploading the line-item budget, budget narrative, and the audited financial statement into Survey Monkey.

### **Instructions for Completing the Line-Item Budget and Budget Narrative:**

Prepare a line-item budget and budget narrative outlining the costs that are needed to complete the scope of work, not exceeding the maximum amount outlined below. You must fill out both the line-item excel budget document and the budget narrative word document based on the instructions below. The budget narrative must match the line-item budget

Number of Months	Contract Period	Max amount
<b>10 months</b>	August 1, 2022 – May 31, 2023	<b>\$1,265,000</b>

### **Personal Services**

#### Salaries and Wages

This category should include direct costs for those staff who are employees of the Contractor who will perform work directly for the project. Consultant costs (i.e. services provided by individuals who are not employees) are classified as contractual rather than personnel.

Each budgeted position must have a separate line with the following information in the line-item budget template and the budget narrative template:

- Position title
- Name of staff member occupying position. If unknown, write TBD
- Annual salary or hourly rate, as applicable. Budgeted salaries may not exceed the HHS salary cap, currently \$199,300 per year (or \$95.82 per hour for a full-time position).
- Total months of salary budgeted
- Percentage of time budgeted for this program
- Budget narrative only: scope of responsibility for each position

#### Fringe

Include your organization's fringe rate based on direct salaries and wages in the line-item budget. In the budget narrative, provide the fringe breakdown to detail your organization's fringe rate.

### **Other than Personnel Services**

All OTPS costs should be included within the categories listed below. The line-item budget and budget narrative templates list each category heading and include space below where each individual item should be listed within its corresponding category.

### Contractual Services, Including Coalition Organizations

Subcontract and consultants must be listed individually and include the following information in the line-item budget and budget narrative:

- Name of subcontractor or consultant. If unknown, write TBD.
- **If you are working with coalition organizations, list each coalition organization as a separate subcontractor**
- **Indirect cannot be claimed on coalition subcontracts**
- For each consultant, include the expected rate of compensation based on number of hours and hourly rate
- For each subcontract, include the total cost of subcontract
- Complete contractor/consultant details in the budget narrative

### Temporary Staff

This category should include costs for temporary staff hired through an agency. Please include the following information in the line-item budget and budget narrative:

- Name of the agency or company. If unknown, write TBD.
- Total amount requested
- In the justification section of the budget narrative, provide a description of the number of types of positions to be hired.

### Travel

Costs indicated under travel are for staff travel only and must directly relate to project activities. Any travel for program participants (i.e. MetroCards or travel vouchers) should be listed under incentives.

Only local travel is allowable and must utilize the most cost-effective way practicable. MetroCards must be budgeted as pay per ride cards; unlimited MetroCards are not allowable and will not be reimbursed.

MetroCard travel should include the following details in the line-item budget and budget narrative:

- Unit cost of \$5.50
- Number of units requested, based on number of staff and the anticipated number of rides
- Total amount request
- In the justification section of the budget narrative, include how the number of units were calculated– specify number of staff and anticipated number of rides

Travel by car service should include the following details in the line-item budget and budget narrative:

- Estimated unit cost per ride
- Number of units requested, based on number of staff and anticipated number of rides
- Total amount requested
- In the justification section of the budget narrative, include how the number of units were calculated- specify number of staff and anticipated number of rides.

### Incentives

Incentives may be budgeted under a single incentive budget line or broken out by type of incentive. Incentive costs should be estimated based on the number of estimated participants and

the cost per incentive. In the line-item budget and budget narrative, include the cost per incentive and estimated number of incentives. Incentives are capped at \$25 per participant. In the budget narrative, provide a justification for incentives, including how incentives will impact your organization's ability to carry out program activities and how estimated costs were calculated.

#### Office Supplies

Office Supplies refer to consumables such as binders, pens, paper, flash drives, etc. Office Supplies may be budgeted in a single line using an estimated amount per month or quarter. In the justification section of the budget narrative, provide a list of the types of supplies to be purchased.

#### IT Supplies

Electronic devices, such as personal computers, laptops, tablets, or cellphones, with a per item acquisition cost of less than \$5,000 should be classified as IT Supplies unless the Contractors' written property management policy classifies these items differently. Each item type should be budgeted as a separate budget line with the following information for each in the line-item budget and budget narrative:

- Type of item (personal computer, laptop, tablet, or cellphone)
- Number of each item needed
- Estimated unit cost
- Total amount requested
- In the justification section of the budget narrative, provide a justification for all proposed items.
- If costs for an item are being split among other programs, provide the allocation calculation being used in the justification section of the budget narrative. The allocation for split-funded staff cannot exceed the effort percent.

#### Program Supplies

Program supplies include other consumables used in the performance of your project, such as printed materials, signage, table throws, etc. To the extent possible, each item type should be listed as a separate budget line. Nominal items may be grouped and budgeted based on monthly or quarterly estimates. For grouped items, provide a list of the types of supplies to be purchased in the justification section. The following information should be included for each supply line in the line-item budget and budget narrative:

- Type of item
- Number of each item needed
- Estimated unit cost
- Total amount requested
- In the justification section of the budget narrative, provide a justification of proposed program supplies.
- If costs for an item are being split among other programs, provide the allocation calculation being used in the justification section of the budget narrative

#### Training/Professional Development

Training and/or professional development costs not included as a subcontract or consultant costs, should be included in this category. Training costs may be budgeted in a single line using an estimated amount per staff or workshop. The following information should be provided in the line-item budget and budget narrative:

- Estimated number

- Estimated unit cost
- Total amount requested
- In the justification section of the budget narrative, include the applicability of the training/professional development activity to the project

#### Space, Property, Utilities

Any utilities or rent/space costs that are being charged as direct costs must be itemized in the budget. There should be a line for each unique utility and rent cost. The following information should be included for each utilities/rent line:

- Utility type or rent
- Estimated unit cost
- Estimated number of units (staff)
- Total amount requested
- In the justification section of the budget narrative, include the methodology used to calculate the utility or rent allocation to this project

#### Other Costs

The "Other" category includes costs that are directly charged, yet not included in the above categories. List "Other" costs individually by major type, such as media/marketing, printing, postage, etc. The following information should be included for each item listed under "other" costs in the line-item budget and budget narrative:

- Item requested
- Estimated unit cost
- Estimated number of units
- Total amount requested
- In the justification section of the budget narrative, include a justification for each item requested

#### Indirect Costs

Indirect costs will be capped at the 10% de minimus rate unless a Contractor has a federally approved negotiated indirect cost rate agreement (NICRA). Indirect cannot be claimed on coalition subcontractor contract costs. Independent auditor reports or other types of indirect back up documentation will not be accepted.

The following is a list of unallowable costs. These costs cannot be included in your budget and will not be reimbursed:

- Meals/food
- Promotional items or giveaways (e.g., t-shirts, bags, cups, pens, or other branded items)
- Unlimited Metrocards
- Entertainment or other costs incurred for amusement, social activities and any associated costs
- Equipment (per unit cost greater than \$5,000)
- Construction
- Contingency funds (Miscellaneous Funds)
- Donations and contributions
- Lobbying
- Fundraising costs
- Fines, penalties
- Bad debt

**Instructions for Submitting the Forms:**

1. The Line-Item Budget Proposal excel document and Budget Narrative must be uploaded and submitted as part of your organization's application.
2. Once both forms are 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 Survey Monkey.
3. To save your completed excel 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 documents have been converted to PDF, they will be ready for upload when completing your application in Survey Monkey.

**Audited Financial Statement**

All applicants must upload a copy of their latest audited financial statement in the space provided in SurveyMonkey. If applying as a coalition, only the lead applicant must provide their audited financial statement. If your organization does not have an audited financial statement, please upload a document stating why your organization is not required to have one.

**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 15-20 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.***"

## ATTACHMENT A: Applicant Signature Form

**INSTRUCTIONS:** Applicants must complete and submit this Applicant Information Form signed and dated by the Project Director and the organization's Authorizing Official.

<b>LEAD Applicant Organization</b>
Applicant Organization Name:  
<b>Certifications</b>
<b>As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</b>  
_____ Signature of Project Director <span style="float: right;">Date</span>
_____ Printed Name and Title
<b>As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work proposed as part of this application.</b>  
_____ Signature of Authorizing Official <span style="float: right;">Date</span>
_____ Printed Name and Title

**ATTACHMENT B: Coalition  
Member Commitment Form**

**INSTRUCTIONS:** Applicants must complete and submit a Coalition Member Commitment Form for each proposed coalition member under this project.

<b>Subcontractor Organization</b>	
<b>Coalition Member Name:</b>	<b>Subcontractor DBA Name, if different:</b>
<b>Employer Identification Number:</b>	<b>Year Incorporated/Founded:</b>
<b>Organization Website:</b>	<b>Annual Operating Budget:</b> \$
<b>Business Address:</b>	<b>Mailing Address, if different:</b>
<b>Contact Name &amp; Title:</b>	
<b>Contact Email:</b>	<b>Contact Phone Number:</b>
<b>Information</b>	
<b>Proposed Contract Amount:</b> \$	<b>Percent of Total Project Budget:</b>
<b>Certification</b>	
As the Authorizing Official for the coalition member included in this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	

Please check if additional forms are attached.

Page \_\_\_\_\_ of \_\_\_\_\_

## ATTACHMENT C: Letters of Support

**INSTRUCTIONS:** Applicants are required to submit 3 letters of support from partners located within the neighborhood you are applying to serve. A letter of support should be from provided from each of the following: 1) a local healthcare organization, 2) a local service provider, and 3) a local resident/business association.

Please specify the organization and contact information for each partner in the table below. Letters should be submitted on agency letterhead (if applicable) and address the following:

1. How long have your organizations worked together in your shared neighborhood?
2. In what capacity have your organizations collaborated in your shared neighborhood?
3. Describe the most comprehensive project that your organizations have collaborated on together and joint achievements in your shared neighborhood.

For submission in Survey Monkey, please combine this form and all 3 letters of support into a single PDF form and upload where specified.

<b>Local Healthcare Organization</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
<b>Local Service Provider</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
<b>Local Resident or Business Association</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:

## **ATTACHMENT D: Capacities and Plan**

**INSTRUCTIONS:** Please provide answers to the following questions detailing your organizations capacity and plan for carrying out the COVID-19 Disparities Initiative. Please convert the document into a single PDF before uploading into Survey Monkey.

### **Organizational capacity**

1. Describe your organizational capacity to take on a \$1 million contract, hire 15 new staff, lead a social change model, and champion anti-racist public health practice. (500 words)
2. Existing Partner Relationships: Please submit 3 letters of support from your neighborhood partner organizations and fill out Attachment C: Letters of Support. These letters of support should be from a 1) local healthcare organization, 2) a local service provider, and 3) a local resident/business association. Please combine all 3 letters of support into 1 single PDF form and upload into Survey Monkey.
3. Describe your organization's: (300 words)
  - a. Formal structures in place to engage community members, obtain community input and feedback, and incorporate feedback into the work that you do (e.g. governance meetings with community residents, main methods employed to interface with community members and community partners, etc.)
  - b. Systems and/or protocols to manage direct client services including resource navigation and counseling (include any tools you may have to document client services and referrals).

### **Implementation plan and timeline**

4. Describe in more detail how you envision your organization delivering on the program activities using the proposed timeline. (1000 words) Be specific on:
  - a. How you will ensure the timely completion of First Quarter deliverables
  - b. Existing roles and infrastructure that will support deliverables
  - c. Plans for hiring new staff

### **Sustainability**

5. Describe how your organization envisions being able to provide continuity to the activities initiated in this project via organization's existing capacity or alternative funding streams. (500 words)
6. Provide a short self-assessment of the technical assistance needs (clinical, financial, policy, communications) your organization would like to fulfill during the contract period to support your organization in being able to obtain external funding for the continuation of the activities initiated in this project. (300 words)

## **ATTACHMENT E: Proposal Line-Item Budget Form**

**INSTRUCTIONS:** Applicants must submit a line-item proposal budget. Instructions for completing the budget can be found in the Application Guide. All budgets must be submitted using the Excel budget template provided by FPHNYC.

The Application Guide and budget template can be found here: <https://fphnyc.org/get-involved/requests-proposals/>.

## ATTACHMENT F: Proposal Budget Narrative Form

### Covid-19 Disparities Initiative

#### BUDGET NARRATIVE

Budget Period: 08/01/2022 – 05/31/2023 (10 months)

All subtotals as well as the total budget amount should be rounded to the nearest whole number.

#### Salaries and Wages -\$(Enter Total Amount)

In the below table, please list all proposed employees:

Salaries and Wages					
Title	Last Name	Annual Salary	FTE	Months	Total
<i>Example: Communication Officer</i>	TBD	\$75,000	50%	10	\$31,250
				<b>Total:</b>	<b>\$</b>

The scope of responsibility for each position is described below:

- *Senior Communications Officer (TBD)*: Builds and maintains strong relationships with internal and external stakeholders to develop project communication plans and ensure coordination of communication activities. Develops and disseminates content across multiple media platforms including websites, blogs, webinars, social media networks, email communications and publications.

- **Title (Last Name)**: Scope of responsibility specific to the funded project

- 

**Fringe Benefits - \$(Enter Total Amount)**

---

Fringe benefits have been calculated at \_\_\_\_% of total salaries and wages proposed. Below provide the breakdown of fringe benefits for your organization.



Component	Rate	Budgeted Cost
F.I.C.A.		\$ -
Health Insurance		\$ -
Unemployment Insurance		\$ -
Dental Insurance		\$ -
Life Insurance		\$ -
Workers' Compensation		\$ -
Pension/Retirement		\$ -
Medicare		\$ -
NYC Transit Tax		\$ -
ST Disability Insurance		\$ -
LT Disability Insurance		\$ -
Vision		\$ -
<b>Total Fringe Benefit Rate</b>	<b>0.00%</b>	

**Contractual Services \$(Enter Total Amount)**

Below is a summary of proposed subcontracts or consultant costs, if any, including estimated amounts for each. Coalition members should be included as subcontractors. Please copy and paste the table below to add additional subcontractors/consultants.

<b>Subcontractor/Consultant 1</b>	
<b>1. Name of Subcontractor/Consultant:</b>	
<b>2. Nature of Services to be Rendered/Scope of Work:</b>	
<b>3. Relevance of Service to the Project:</b>	
<b>4. Period of Service</b>	

<b>5. Expected Rate of Compensation (for consultants, include hourly rate and estimated number of hours:</b>	
<b>6. Method of Accountability:</b>	
<b>Total</b>	

**Temporary Staff - \$(Enter Total Amount)**

Temporary staff expenses, if any, are outlined below. This category should include costs for temporary staff hired through an agency.

<b>Name of Agency/Organization</b>	<b>Number of Staff</b>	<b>Cost per staff</b>	<b>Amount Requested</b>

Justification for temporary staff requested:

**Office Supplies - \$(Enter Total Amount)**

Office supplies expenses, if any, are outlined below. Supplies may be budgeted in a single line using an estimated amount per month or quarter. In the justification section, provide a list of the types of supplies to be purchased.

<b>Item Requested</b>	<b>Type</b>	<b>Number Needed</b>	<b>Unit Cost</b>	<b>Amount Requested</b>


Justification for office supplies requested:

**IT Supplies - \$**

IT supply expenses, if any, are outlined below. Electronic devices, such as personal computers, laptops, tablets, or cellphones, with a per item acquisition cost of less than \$5,000 should be classified as IT Supplies unless the Contractors' written property management policy classifies these items differently.

Item Requested	Number Needed	Unit Cost	Amount Requested

Justification for IT supplies requested:

**Program Supplies - \$**

Program supply expenses, if any, are outlined below. Program supplies include other consumables used in the performance of your project, such as printed materials, signage, table throws, etc. To the extent possible, each item type should be listed as a separate budget line. Nominal items may be grouped and budgeted based on monthly or quarterly estimates. For grouped items, provide a list of the types of supplies to be purchased in the justification section

Item Requested	Type	Number Needed	Unit Cost	Amount Requested

Justification for program supplies requested:

**Travel - \$(Enter Total Amount)**

---

Travel expenses, if any, are outlined below. Only local travel is allowable and must utilize the most cost-effective way practicable. MetroCards must be budgeted as pay per ride cards; unlimited MetroCards are not allowable and will not be reimbursed.

Number of Trips	Number of People	Cost per trip	Amount Requested

Travel Justification:

**Incentives - \$(Enter Total Amount)**

---

Incentive expenses are outlined below. Incentives may be budgeted under a single incentive budget line or broken out by type of incentive. Incentive costs should be estimated based on the number of estimated participants and the cost per incentive. Each incentive cannot exceed \$25 per participant.

Incentive Type	Number Needed	Unit Cost	Amount Requested

Incentive Justification:

**Training/Professional Development-\$(Enter Total Amount)**

---

Training/Professional Development expenses, if any, are outlined below. Training and/or professional development costs not included as a subcontract or consultant costs, should be included in this

category. Training costs may be budgeted in a single line using an estimated amount per staff or workshop.

Training	Number of Staff	Unit Cost	Amount Requested

Justification for requested items:

**Space/Property/Utilities- \$(Enter Total Amount)**

---

Space/Property/Utilities expenses, if any, are outlined below. Any utilities or rent/space costs that are being charged as direct costs must be itemized in the budget. There should be a line for each unique utility and rent cost. The following information should be included for each utilities/rent line:

Item Requested	Number of Units	Unit Cost	Amount Requested

Justification for requested items, including methodology used to calculate each requested item:

**Other- \$(Enter Total Amount)**

---

Other expenses, if any, are outlined below. The "Other" category includes costs that are directly charged, yet not included in the above categories. List "Other" costs individually by major type, such as media/marketing, printing, postage, etc.

Item Requested	Number of Units	Unit Cost	Amount Requested

Justification for requested items:

---

**Direct Costs - \$(Enter Total Amount)**

**Indirect Costs - \$**

---

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) . A copy of the most recent NICRA must be uploaded in the application as supporting documentation. If the applicant organization does not have an approved NICRA, the organization can charge a 10% de minimis rate of modified total direct costs. Indirect costs are expenses incurred for a common purpose that are too time consuming/costly to allocate to a specific cost objective. Examples of indirect costs include office space rental, utilities, and clerical and managerial staff salaries. **Indirect cannot be claimed on coalition subcontract costs.** To the extent that indirect costs are reasonable, allowable and allocable, they are a legitimate cost of doing business payable under a U.S. Government assistance award.

**Total Budget - \$(Enter Total Amount Here)**

---

The table below represents a listing of totals for each budget category previously described.

Salaries and Wages (Employees)	01	\$
Fringe Benefits	02	\$
Contractual Services	03	\$
Temporary Staff	04	\$
Office Supplies	05	\$
Program Supplies	06	\$
IT Supplies	07	\$
Travel	08	\$
Training/Professional Development	09	\$
Space/Property/Utilities	10	\$
Other	11	\$
Indirect Costs	12	\$
<b>Total Budget:</b>		<b>\$</b>

\*Please ensure that the total budget amount and subtotals are rounded to the nearest whole number.