

**ATTACHMENT B
APPLICANT ELIGIBILITY QUESTIONNAIRE**

INSTRUCTIONS: Applicants must respond to each of the sections below. Failure to submit a response, or selection of the response “No” in Part I, may disqualify the Proposer from further consideration.

Applicant Name: _____

Part I:

YES	NO	MANDATORY MINIMUM REQUIREMENTS OF RFP
		Is your organization a 501(c)(3) nonprofit organization?
		Does your organization currently provide services within New York City? Are all services being proposed located within New York City?
		Does your organization currently conduct outreach to people experiencing homelessness?

Part II:

YES	NO	PREFERRED EXPERIENCE
		<p>Is your organization currently providing services in an area with high rates of drug overdose and substance use-related concerns?</p> <p><i>Please provide a list of zip codes served:</i></p>
		<p>Is your organization currently providing services to marginalized populations of people experiencing homelessness?</p> <p><i>If yes, please check all that apply:</i></p> <p>People of color Women People who are pregnant Youth People with disabilities People involved in sex work People who identify as LGBTQIA+ Other, please specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

	<p>Does your organization currently utilize participatory/collaborative strategies for engaging people with lived experience of homelessness and/or substance use in their work?</p> <p><i>If yes, please check all that apply:</i></p> <p>People with lived experience of homelessness and/or substance use represented in workforce</p> <p>Peer-based/peer-led models for outreach and engagement</p> <p>Regular assessments (e.g., questionnaires) conducted with participants to assess their needs and experiences with service delivery</p> <p>People with lived experience of homelessness and/or substance use represented on leadership team/board of directors</p> <p>Participant engagement in the development of new protocols, policies, and/or practices</p> <p>Other, please specify _____</p> <p>_____</p> <p>_____</p>
	<p>Does your organization currently meet a minimum of two (2) IHARP benchmarks?</p> <p><i>If yes, please check all that apply:</i></p> <p>Provide overdose risk reduction messaging and safer drug use tips</p> <p>Train participants in the use of and dispense fentanyl test strips</p> <p>Train participants in the use of and dispense naloxone</p> <p>Discuss options for and connect to drug-checking services in NYC</p> <p>Offer individualized overdose safety planning</p> <p>Discuss and connect to Syringe Service Programs (SSPs) for relevant services</p> <p>Refer to a geographically convenient SSP or Second-Tier Syringe Exchange Program (STSEP) for safer drug use supplies (e.g., sterile smoking and injection equipment)</p> <p>Provide resources for syringe disposal</p> <p>Discuss and connect to Overdose Prevention Centers (OPCs)</p> <p>Provide relevant connections/referrals to treatment for opioid use disorder and/or alcohol use disorder</p> <p>Provide support, resources, connections around other primary/specialty care needs that overlap with substance use (e.g., Hep C testing and care, HIV/AIDS care, withdrawal management, wound care)</p> <p>Provide connections to mental health services</p>

Part III:

APPLICANT'S CERTIFICATION	
By my signature below, I certify that I am an authorized representative of the applicant organization named below, and that all information provided above is true and complete to the best of my knowledge.	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	