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**REQUEST FOR PROPOSALS (RFP)**

**NYC COMMUNITY PARTNERSHIP FOR VACCINE ACCESS AND EQUITY  
(COMPASS)**

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**ISSUE DATE: AUGUST 11, 2023**

**APPLICATION DUE DATE: SEPTEMBER 1, 2023**

**REPLY TO: [PROCUREMENT@FPHNYC.ORG](mailto:PROCUREMENT@FPHNYC.ORG)**

**RELEASED BY:**

Fund for  
**Public Health NYC**

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## TABLE OF CONTENTS

Section I: Summary of the Request for Proposals .....	3
1.1 RFP Timetable .....	3
1.2 RFP Inquiries, Written Questions and Answers .....	4
1.3 Submission Instructions .....	4
1.4 Addenda to the RFP .....	4
1.5 Applicant Eligibility .....	4
1.6 Funds Available .....	5
1.7 Funding Source .....	5
1.8 Funding Term and Payment Structure .....	6
1.9 Place of Performance .....	6
Section II: Scope of Work .....	7
2.1 Background/Purpose .....	7
2.2 Scope of Work .....	7
2.3 Deliverables .....	8
2.3.1 One-time Deliverables .....	8
2.3.2 Recurring deliverables .....	9
2.3.3 Project Implementation Deliverables .....	9
Section III: Completing the Application .....	12
Section IV. Evaluation and Award Procedures .....	14
4.1 Proposal Evaluation Criteria .....	14
4.2 Selection Process .....	14
4.3 Award Process .....	14
Section V. Attachments .....	18

## Section I: Summary of the Request for Proposals

The Fund for Public Health in New York City (FPHNYC) and the New York City Department of Health and Mental Hygiene's (NYC Health Department) Center for Health Equity and Community Wellness announce the availability of three awards through a new community-based initiative called NYC Community Partnerships for Vaccine Access and Equity (ComPass). The goal is to increase the number of older adults (OA) and persons living with disabilities (PLWD) receiving COVID-19 and Influenza "flu" vaccinations.

Selected community and/or faith-based organizations (C/FBOs) will support a fall 2023/winter 2024 vaccination campaign to boost protection and limit the anticipated flu and COVID-19 surge. The ComPass program will focus on three neighborhoods: South Bronx (10455, 10456, 10459), East/Central Brooklyn (11207, 11208, 11212, 11224, 11235), and Far Rockaway (11691).

This new initiative is a component of the Public Health Corps (PHC), a citywide investment in and commitment to the public health workforce and a just recovery from COVID-19 with and for communities who were disproportionately harmed. PHC is active in the Mayor's Taskforce on Racial Inclusion and Equity (TRIE) zip codes and includes a network of hundreds of C/FBOs working towards vaccine equity. As of January 2023, 78% of all residents completed primary vaccination in TRIE ZIP codes compared to 81% citywide.

Funded C/FBOs will employ an evidence-based trusted messenger model with Community Health Workers (CHWs) deployed as local "vaccine champions.". Wherever possible, vaccine champions will be ethnically, culturally, demographically, and age-appropriate for the target populations which promotes messaging credibility and raises community confidence.

The ComPass Initiative places focus on C/FBOs able and willing to become accountable for the elimination of vaccine disparities for OA and PLWD within their selected neighborhoods using data-orientation, anti-racist praxis, strong institutional relationship building, and systems thinking. As such, in addition to the deliverables of the contract, the executive leadership of selected contractors is expected to work with the NYC Health Department on strengthening capacity of and building trust with communities that have been disproportionately harmed by COVID-19.

### 1.1 RFP Timetable

The following timetable outlines key events related to the RFP process. Please note that the dates are subject to change, and any amendments to the RFP, including this timeline, will be posted on FPHNYC's website (<https://fphnyc.org/get-involved/requests-proposals/>). FPHNYC will not provide individual notice of changes; organizations are responsible for regularly checking this web page for any changes.

RFP Release	August 11, 2023
Deadline for Written Questions	August 18, 2023 at 11:59 p.m. EDT
Application Deadline	September 1, 2023 at 11:59 p.m. EDT
Expected Funding Notification	on or about September 15, 2023
Expected Contract Start Date	September 25, 2023
Expected Implementation Phase Start Date	November 1, 2023

\*Funding notification and contract start dates are target dates only.

## 1.2 RFP Inquiries, Written Questions and Answers

Questions and requests for clarification about this RFP must be submitted via e-mail to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “**NYC Community Partnership for Vaccine Access and Equity (ComPass) Initiative.**” All such questions and inquiries must be received by August 18, 2023 at 11:59 p.m. EDT. Any questions received after the deadline may not be answered.

The Q&A will be posted at: <https://fphnyc.org/get-involved/requests-proposals/> by August 25, 2023.

Applicants are encouraged to check the webpage frequently to stay informed throughout the procurement process.

## 1.3 Submission Instructions

Completed applications are due no later than **September 1, 2023** at 11:59 p.m. EDT. All applications must be submitted online via SurveyMonkey using the link posted on the RFP page.

An Application Guide, including a complete list of the application questions, instructions, and other helpful tips for completing the application, has been posted along with this RFP to assist Applicants in planning and preparing their submissions.

## 1.4 Addenda to the RFP

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFP. Any addenda to the RFP will be posted on the FPHNYC website: <https://fphnyc.org/get-involved/requests-proposals/>.

Applicants are encouraged to check the website for any updates prior to submitting their final proposal.

## 1.5 Applicant Eligibility

Interested and qualified Applicants that can demonstrate their ability to successfully provide the services outlined in Section II (Scope of Work) of this RFP are invited to submit a proposal, provided they meet the following minimum requirements:

- Applicants must be a Community or Faith-Based Organization (C/FBO) tax exempt under section 501(c)(3) of the Internal Revenue Code or individual organization fiscally sponsored by another organization tax exempt under section 501(c)(3) of the Internal Revenue Code.
- Applicants must have demonstrated experience working with OA and PLWD. This includes existing programming targeting OA and PLWD and/or existing relationships with programs or entities that serve these communities.
- Applicants must be registered and not debarred in the System for Award Management (SAM.gov), the federal registry for doing business with the U.S. Government.
- Applicants must be able to meet FPHNYC’s insurance requirements prior to entering a contract.

Note: Applications not meeting the minimum eligibility requirements will not be reviewed.

### Preferred Experience

- Currently serving or with strong ties to one or more of the following neighborhoods: South Bronx (10455, 10456, 10459), East/Southern Brooklyn (11207, 11208, 11212, 11224, 11235), and Far Rockaway (11691).

- Demonstrated experience working with community health workers (CHWs) and be able to hire CHWs or other related roles (i.e. vaccine champions) or place existing qualified staff into these roles. Commitment to having collaborative, non-competitive relationships with contractors from other NYC Health Department-funded COVID-19 and/or flu vaccine initiatives in their catchment area with whom they may share similar activities and intentions.
- Ability to fill service gaps to ensure wider reach of COVID-19 and flu prevention and disparity elimination work.
- Expertise working with communities of color, having experienced long-standing systemic health and social inequities.
- Capacity to scale up quickly and accomplish proposed activities on time at reasonable and appropriate cost.

## 1.6 Funds Available

A total of \$394,500 will be available through this RFP to support three C/FBOs in their efforts to address vaccine equity and access for OA and PLWD in priority neighborhoods.

Applicant Neighborhood Selection	Maximum Funding Amount	Contract Period	Expected Start Date
South Bronx (10455, 10456, 10459)	\$118,350.00	Sept 2023- April 2023	Sept 25, 2023
Eastern/Southern Brooklyn (11207, 11208, 11212, 11224, 11235),	\$197,250.00	Sept 2023- April 2023	Sept 25, 2023
Far Rockaway (11691)	\$78,900.00	Sept 2023- April 2023	Sept 25, 2023

Applicants are invited to apply for more than one neighborhoods but must submit a separate application for each. However, **there is a limit of one award per neighborhood**. The same organization will not be selected to support multiple neighborhoods.

The amount of funding requested should be directly related to the activities included and the level of effort and cost of provided services. Funding levels presented above have been determined using estimates of the available population of older adults (persons 65 and older) who live in the proposed catchment areas, along with an estimate of available vaccination resources (need).

Should additional funding become available, the FPHNYC reserves the right to reserves the right to increase the funding amounts and/or select additional organizations from the pool of applicants deemed approved, but not funded.

## 1.7 Funding Source

The resulting award will be supported by Federal funding through a cooperative agreement between FPHNYC and the National Council on Aging (NCOA). The award resulting from this solicitation is expected to meet the criteria of "Subrecipient" as defined by 2 CFR (Code of Federal Regulations) 200.331; a final determination will be made at the time of award. The Subrecipient must comply with the following federal regulatory requirements:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75)
- Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200)

Additional subaward requirements will be communicated to successful applicants.

### 1.8 Funding Term and Payment Structure

The contract resulting from this RFP will be for a 6.5-month term: September 25, 2023, through April 5, 2024. There is potential for contracts awarded under this RFP to be extended; any extensions will be contingent upon the following: availability of funds, continued need for services, and satisfactory contractor performance.

The payment structure of the contracts awarded from this RFP will be deliverables based, with payment contingent upon successful completion and acceptance of the services outlined within the agreement. FPHNYC understands that selected C/FBOs may need upfront support to initiate project activities. Therefore, an advance of up to 10% of the total award amount may be paid to recipients upon execution of the contract.

### 1.9 Place of Performance

The awarded C/FBOs will be required to carry out the program within one of the three proposed neighborhoods described under Section 1.6 Funds Available above (page 5). While operating out of a physical office space in the catchment area is not required, applicants must be able to demonstrate their ability to effectively provide in-person services to community members. This may include a public-facing office, renting space from another organization, being co-located on premises with another organization, or a similar arrangement. Applicants not located within the neighborhood zip codes outlined above, must describe how they plan to operate in their selected neighborhood without a physical location.

## Section II: Scope of Work

### 2.1 Background/Purpose

FPHNYC, in partnership with the NYC Health Department, has been awarded a grant from the National Council on Aging (NCOA) to build on the successful Public Health Corp (PHC) model. This new initiative, called the New York City Community Partnership for Vaccine Access and Equity (ComPass) will leverage existing infrastructure to support strategies to increase COVID and “flu” vaccine uptake for OA and PLWD in target communities for the anticipated Fall 2023/Winter 2024 flu and COVID vaccination period, corresponding with anticipated flu and COVID surge.

ComPass will support C/FBOs with deep neighborhood knowledge and existing programs and/or relationships with venues, organizations, and other partnerships with stakeholder groups serving the target populations of OA and PLWD, such as older adult centers or disability advocacy groups. C/FBO partners will employ an evidence-based trusted messenger model to deploy local “vaccine champions” / CHWs to historically underserved communities with higher rates of unvaccinated OA and PLWD.

ComPass will focus on reducing COVID-19 morbidity and mortality for OA and PLWD by increasing access to COVID-19 services and improving overall health outcomes by addressing other health and social needs of the target populations. Selected partners will be charged with ensuring that every person who identifies as an OA and PLWD in the neighborhood has access to the support they need to achieve their optimal potential for health, particularly populations who have historically been disconnected from existing health and human services. Contracted partners will use their CHW staff to support local coordination of COVID-19 and flu response, help residents navigate towards these resources, refer residents to clinic-based care as appropriate, foster collaboration among key groups and services, and identify opportunities for improvement of health holistically by addressing the downstream impacts of individual health.

In all, the ComPass Initiative will continue a community-based model to provide an organized backbone of partnerships that can address disparities in vaccine access and availability for vulnerable communities.

### 2.2 Scope of Work

The purpose of this RFP is to identify organizations who can support the Fall 2023 vaccination season corresponding with anticipated flu and COVID surge in the proposed program neighborhoods. Contracted partners will employ an evidence-based trusted messenger model to deploy local “community vaccine champions” to historically underserved communities with higher rates of unvaccinated older adults and persons living with disabilities. Community vaccine champions are individuals in a trusted position in the community or workplace who are passionate and encouraging about vaccination. Wherever possible, the vaccine champion/CHW will be ethnically, culturally, demographically, and age-appropriate for the populations of TRIE communities, which promotes messaging credibility and raises community confidence. This program is scalable if additional funds are awarded, and could reach a larger, more geographically diverse population.

Funded Contractors and their CHWs will use the following strategies to reach the target population and increase the equitable access and availability of COVID-19 and flu vaccinations in neighborhoods disproportionately harmed by the COVID-19 pandemic:

- (1) Virtual and in-person outreach and education, using culturally, linguistically, age-appropriate, and accessible talking points and educational materials.
- (2) Hosting community vaccine clinics in collaboration with local vaccine providers such as Federally Qualified Health Centers (FQHCs) and local pharmacies.
- (3) Assist community members with scheduling vaccine appointments and providing personal assistance, including transportation to and/ or from vaccine sites.
- (4) Provide residents with screenings and referrals to other health and social services.

## 2.3 Deliverables

Contractors will be paid for deliverables completed monthly and may be eligible for up to a 10% advance at the beginning on the contract term. Contractors must ensure that proposed activities are not covered by any separate funding sources during the proposed time. Quarterly evaluations will be conducted by the NYC Department of Health program team to ensure progress towards program goals.

Contractor's activities, as defined in the scope of services, are subject to modification at NYC Department of Health's direction in response to COVID-19 data on priority neighborhoods and pandemic response and recovery needs.

### 2.3.1 One-time Deliverables

The following activities and deliverables must occur within the **first 2 months of award**.

#### 1. Staffing (Deliverable 1):

- a. 1.A Training log: Using NYC Department of Health-provided template, identify all new and existing full-time and part-time staff for assignment to the project and clearly document ongoing technical and organizational professional development activities (e.g., mentorship, didactic training, performance reviews) that will ensure that all community-facing staff have competencies to engage in vaccine promotion outreach, referrals and coordination, and including the completion date of each training activity.
  - i. Staffing should include a project lead for operational planning and community vaccine champions/ CHWs with demonstrated lived experience with target populations. Staffing documentation must demonstrate the contractor's application of a "trusted/credible messengers" model (as used effectively in COVID prevention) to the hiring and training of staff undertaking this work. Trusted messengers include persons from similar racial or ethnic groups or who have lived experience with target populations (older adults and persons with disabilities).
  - ii. Training will be submitted once at project start but must be maintained to ensure that Contractor is meeting all training requirements for current and new staff. The maintained training log must be made available upon request with advance written notice of NYC Department of Health.
- b. 1.B. Participate in mandatory NYC Department of Health partner training sessions focused on preparing partners for senior-focused and accessible COVID-19 and flu outreach and engagement, sensitizing staff to health equity principles, and programmatic data entry platforms.

#### 2. Planning and Coordination (Deliverable 2):

- a. 2.A. Project workplan: Submit an initial project workplan and adhere to the work plan submitted to NYC Department of Health. The work plan will include a timeline of program activities and strategies to encourage and facilitate participation in



vaccination (including clear targets and measures, e.g., # palm cards handed out per month), as well as individuals/teams responsible for the completion of each activity. Contractor will require written approval to modify workplan activities and targets.

- i. All activities must be focused within the contracted neighborhood. Activities occurring outside of the contracted neighborhood are not eligible for reimbursement.

### 2.3.2 Recurring deliverables

The following activities and deliverables will occur monthly, beginning the first day of the contract.

#### 1. Reporting, Evaluation and Sustainability (Deliverable 3)

- a. **3A. Reporting:** Contractor will provide daily, weekly, and monthly reporting of outreach and community engagements as they occur and according to the workplan. Deadlines for reporting will be set by the NYC Department of Health program team and reviewed with Contractor.
- b. **3B. Evaluation:** The contractor will participate in as-to-be-defined quarterly evaluation activities. Planned evaluation activities may include: surveys, focus groups, and key informant interviews.

#### 2. Coordination and Partner Engagement (Deliverable 4)

- a. 4A. Participation in monthly (6) roundtable meetings with NYC Department of Health program staff. strategic planning meetings with NYC Department of Health program team to facilitate cross education.
- b. 4B. Participation in monthly (6) NYC Department of Health-led partners forum.
- c. 4C. Participation in monthly (6) strategic planning meetings with a designated Partner Engagement Coordinator to discuss progress towards targets, technical assistance and resource needs, and develop plans for operational activities informed by existing data and community feedback.

### 2.3.3 Project Implementation Deliverables

Items will begin in Month 2 or 3 of the award. Payment will be scheduled monthly upon completion of deliverables and meeting the targets defined below.

Six-month targets are presented below, outlined by neighborhood. All targets are subject to change. It is expected that Contractors will meet all targets to achieve full reimbursement.

	Vax Targets	Vax Referral Targets	Outreach Sessions	Materials Created	Materials Distributed	Community Clinics	Transport Assistance	Referrals	Phone/ Text Outreach
	<b>9,000</b>	<b>9,000</b>	<b>108</b>	<b>15</b>	<b>51,100</b>	<b>18</b>	<b>4,200</b>	<b>450</b>	<b>31,100</b>
Bronx	2,700	2,700	32	5	15,330	5	1,260	135	9,330
Brooklyn	4,500	4,500	54	5	25,550	9	2,100	225	15,550
Far Rockaway	1,800	1,800	22	5	10,220	4	840	90	6,220

#### 1. Community engagement and education (Deliverable 5)

- a. **5A. Tailored materials:** Funded partner will be expected to **create culturally, linguistically, age-appropriate, and accessible educational materials**, such as large-print brochures, short form videos, and translated materials in other local languages spoken in the target neighborhoods. Materials created must be focused on educating community members on COVID-19 prevention, including vaccination.

Materials must be developed using medically accurate sources, such as NYC Department of Health, New York State Department of Health (NYSDOH), or Centers for Disease Control and Prevention (CDC). Products created must be submitted to the Health Department for review and approval upon completion and before dissemination to ensure information aligns with current health guidance. Approval must be granted before the material can be used.

- b. **5B. Distribute educational information:** Funded partners, through their hired and trained CHW staff, will be expected to **distribute pieces of literature/educational materials** targeted to older adults and persons with disabilities to support vaccination for COVID-19 and Influenza and the maintenance of routine health screenings. Distributed materials can include those provided by NYC Department of Health or other accurate sources or materials created to support the deliverable above.
- c. **5C. Community outreach events:** Funded partners, through their hired and trained CHW staff, will be expected to **conduct in-person/face-to-face community engagement activities** to reach OA and PLWD with medically accurate information about COVID-19 and flu vaccines and support individuals to access vaccines. In-person engagement events may include but are not limited to: street canvassing efforts, educational sessions, tabling activities at community events such as health fairs, conducting listening sessions, and supporting in-office /in-reach activities to reach existing eligible clients with services.
- d. **5D. Community vaccine events:** Funded partners will be expected to **host or participate in community clinics** for the entire contract period in collaboration with local vaccine providers such as Federally Qualified Health Centers (FQHCs) and local pharmacies. Wherever possible, the NYC Health Department will provide capacity for these community events through an existing “Continued Access to Vaccines” (CAV) program, which funds federally qualified health centers (FQHCs) to provide vaccination at community events. To complement community vaccine events, CHWs will conduct targeted outreach and engagement in locations where priority groups congregate.

## 2. Resource Navigation (Deliverable 6)

- a. **6A. Vaccine referrals and vaccinations:** Through hosting and supporting community clinics described above, CHWs will directly support individuals to receive COVID and flu vaccines. In addition to individuals receiving vaccination, CHWs will support residents met during outreach efforts to make vaccine appointments for COVID and flu shots by providing personal assistance to use existing NYC VaccineFinder and similar scheduling resources, such as assisting the client to make an appointment with their primary care doctor. When using VaccineFinder, CHWs will support OA and PLWD to schedule online vaccine appointments through the portal. All persons receiving vaccines, or referred to vaccination, due to the activities of the funded partner and their staff can only be counted one time.
- b. **6B. Vaccine transportation assistance:** CHWs will provide real-time transportation assistance to OA and PLWD, by providing information about available rideshare services, such as Access-A-Ride and programs funded by NYC Aging, or private rideshare services, and scheduling Access-A-Ride and/or supporting the client to register for or access similar rideshare services.
- c. **6C. Phone and text message outreach:** CHWs will be encouraged to document the contact information of community members met during engagement and offer follow-up services, including phone calls and text reminders to the clients. CHWs will

provide phone/text/message service outreach to target clients for the purposes of informing, reminding, or raising awareness about COVID-19 and flu vaccine efforts, initiatives, and appointments.

- d. 6D. Screenings and referrals to other health and social services: Funded CHWs are expected to provide screening and referrals to other health and social needs to support OA and PLWD using validated tools, such as the Centers for Medicare and Medicaid Services (CMS) designed Health-Related Social Needs (HRSN) Screening tool. These tools have been designed specifically to assess the health-related social needs of Medicare and Medicaid beneficiaries, and to improve health outcomes.

## Section III: Completing the Application

To be considered for an award, Applicants must submit their completed application by **September 1, 2023** at 11:59 p.m. EDT. All applications must be submitted online via SurveyMonkey using the link on the RFP [page](#).

Before getting started, Applicants should review the application and submission instructions included below. An Application Guide containing the complete list of application questions, instructions, and other helpful tips for completing the application has been posted along with this RFP. Applicants are encouraged to utilize this resource in planning and preparing their submissions.

The application consists of the following sections:

- Section I: Applicant Eligibility Attestations
- Section II: Applicant Information
- Section IIa: Fiscal Sponsor Information (if applicable)
- Section III: Organization Experience and Cultural Competence
- Section IV: Organizational Capacity
- Section V: Program Approach
- Section IV: Proposal Budget and Audited Financial Statements
  - Complete the line-item budget using the template provided on the FPHNYC website and upload in SurveyMonkey.
  - Complete a budget narrative justifying costs requested to support the completion of each deliverable and upload in SurveyMonkey.
  - Upload audited financial statement in the space provided in SurveyMonkey

Please note that Applicants 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.

Application Instructions:

- Applicants should prepare answers to all application questions, complete all attachments, and gather all file uploads prior to beginning their online application. A checklist of all required forms and documentation is included in the Application Guide.
- **The application cannot be saved and returned to for completion.** Applicants should ensure they have plenty of time to complete the full application in one sitting.
- The following required forms must be downloaded from FPHNYC's [website](#) and submitted in SurveyMonkey:

Attachment A: Applicant Signature Form (fillable PDF)

Attachment B: Letter of Support (fillable PDF)

Attachment C: Program Approach (Word)

Attachment D: Budget Proposal (Excel)

Attachment E: Budget Narrative (Word)

- Once submitted, Applicants will see the following confirmation message, “Your application has been successfully submitted and will be reviewed by the selection committee.”
- 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.
- Late applications and applications submitted via email will not be accepted.

## Section IV. Evaluation and Award Procedures

All proposals submitted within the stated deadline will be reviewed to determine if they meet the minimum requirements of this RFP and have responded to all necessary questions and requests. The Evaluation Committee will evaluate and rate all qualified proposals based on the Evaluation Criteria described below.

### 4.1 Proposal Evaluation Criteria

The criteria, and the relative weight of each, that will be utilized to evaluate proposals are:

Organizational Experience and Cultural Competence	20%
Organizational Capacity	30%
Program Approach	40%
Letter of support	5%
Proposed program location preference	5%

### 4.2 Selection Process

The review process consists of the following steps:

1. Adherence to Mandatory Minimum Requirements  
All applications will undergo an initial administrative review for completeness. For an application to be evaluated, it must include all required components and meet all required eligibility criteria.
2. Proposal Evaluation  
All responsive proposals will be judged by a review committee consisting of NYC Department of Health and FPHNYC employees. The Committee will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers.

After scoring, the Committee will rank Applicants according to final weighted score. The highest-ranking Applicants will move on to the next round of review.

3. Final Review and Selection  
In the third and final round of review, a selection committee comprised of leaders in NYC Department of Health's Center for Health Equity and Community Wellness will evaluate proposals based on technical merit and community needs. The Applicants within each neighborhood with the highest total score will be considered first for possible funding. However, FPHNYC reserves the right to fund proposals out of rank order to: 1) ensure optimal coverage across the neighborhood; and 2) ensure adequate reach across a broad range of racial/ethnic, cultural, linguistic, and other communities.

### 4.3 Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once selections are made, FPHNYC will make a final determination on whether the relationship is that of a contractor or subrecipient. Designated recipients will then enter into

either a contract or subaward, as deemed appropriate, with the Fund for Public Health in New York City. FPHNYC reserves the right to conduct financial and due diligence reviews prior to award. Final contract execution is contingent upon successful completion of contract negotiations, submission of required documentation, and demonstration of compliance with all requirements of FPHNYC, NYC Department of Health, and the City of New York, or any other applicable federal and state laws and policies.

At the discretion of FPHNYC and NYC Department of Health, final awards may be less than requested in order to distribute funds among awardees and ensure adequate distribution of services throughout priority neighborhoods and communities. FPHNYC also reserves the right to adjust deliverables and timeframes in response to changes in priorities or need because of the COVID-19 pandemic.

## Section V: Disclaimers and General Provisions

Applicants shall review each statement below to ensure capacity for compliance before submitting a proposal for consideration.

1. FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC and/or NYC Department of Health.
2. FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items or confirm to the requirements of this RFP may be excluded from further consideration and alternative information packages may not be considered.
3. FPHNYC may make an award under the RFP in whole or in part, or award more than one contract by awarding separate items or groups of items to various proposers.
4. Prior to application opening, FPHNYC may amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available. FPHNYC may also direct applicants to submit proposal modifications addressing subsequent RFP amendments.
5. Prior to the start of work, selected Contractors, including coalition members, shall procure and maintain in force at all times during the term of the agreement, insurance of the types and in the amounts set forth below:
  - I. Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate.
  - II. Professional Liability: medical malpractice or errors and omissions insurance in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate.
  - III. Employers Liability: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident.
  - IV. Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.
  - V. Commercial Auto: if Contractor plans to use any vehicles in the performance of services under the agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.
  - VI. Excess Umbrella Liability: in the event that Contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall maintain on file with FPHNY current Certificates of Insurance for the above referenced policies, listing FPHNY and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.

6. The Applicant will be solely responsible for any costs incurred in preparing, delivering, or



presenting responses to this RFP. Applicants will not be reimbursed for any costs incurred in preparing proposals.

7. By submitting an information package, the Applicant acknowledges that the respondent has read and understands this RFP and can fulfill all requirements. Once submitted, responses will be the property of FPHNYC and will not be returned.

## Section V. Attachments

All Attachments for this RFP have been posted separately so they can be downloaded, completed, and submitted as part of the application.