Fund for Public Health NYC

APPLICATION GUIDE

Community Partnership for Vaccine Access and Equity (ComPass)

REVISED VERSION
Posted 8/25/2023

Please note that changes to the Application Guide are indicated by the following formatting:
- All deleted language will be marked with a ~~strikethrough~~.
- All new language will be in **red bold-faced type**.
- All changes have been highlighted.

Proposals must be submitted by 11:59 p.m September 1, 2023 via SurveyMonkey

Thank you for your interest in the New York City Community Partnership for Vaccine Access and Equity (ComPass). The Fund for Public Health in New York City (FPHNYC) and the NYC Department of Health and Mental Hygiene (DOHMH) developed this Application Guide to assist you in preparing your ComPass application. The guide contains a complete list of the questions included in the application, as well as instructions and other helpful tips for submitting your proposal. It is strongly recommended that you review all information before you begin to prepare your application.

The following sections are included:
- **Steps for Completing Your Application** (page 1)
- **Overview of Application** (page 2)
- **Application Checklist** (page 3)
- **Sample ComPass RFP Application** (pages 4-14)
- **Proposal Budget Instructions** (pages 15-16)
- **Budget Justification Instructions** (page 17)

To be considered for an award, Applicants must submit their completed application by September 1, 2023, at 11:59 p.m. EDT. Applications must be submitted via Survey Monkey using the link on the RFP [page](). Late applications and applications submitted via e-mail will not be accepted.

Steps for Completing Your Application

The following is a list of the steps that you should follow when completing your organization's ComPass application.

1. Confirm your organization's eligibility by completing the Applicant Eligibility Attestation on page 4. To be eligible, organizations must be able to attest to all statements.
2. Register or update your organization in the System for Award Management (SAM).
3. Report or obtain a Unique Entity Identifier Number and Employer Identification Number.
4. Request a letter of support.
5. Write a high-quality proposal that is responsive to the RFP.
6. Get attachments signed by your organization's authorized representative.
7. Review the Application Checklist to ensure all required elements have been completed.

8. <u>Submit application in SurveyMonkey by 11:59 p.m. on September 1, 2023.</u>

The RFP and all forms needed to complete an application are available on FPHNYC's [website](#).

Be sure to set aside plenty of uninterrupted time to submit the application. Applications must be completed in one sitting, as you will not be able to save and return at a later time. If responses and all required documentation are prepared in advance, the application will take approximately 30 minutes to complete.

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

Application Overview

Applicants must first attest to their ability to 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 IIa: Fiscal Sponsor Information (if applicable)
- Section III: Organization Experience and Cultural Competence
- Section IV: Organizational Capacity
- Section V: Program Approach
- Section VI: Proposal Budget, Narrative, and Audited Financial Statements

Before getting started, Applicants should review the application and submission instructions included below.

ComPass RFP Application Checklist

Please use the Application Checklist below to ensure all required elements in the application are prepared and submitted.

_____Section I: Applicant Eligibility Attestation

_____Section II: Applicant Capacity
- Attachments
  - Attachment A: Applicant Signature Form in PDF *(signatures required)*
  - IRS Form W-9 (*signature required*)

_____ Section IIa: Fiscal Sponsor Information (*if applicable*)
- Attachments
  - IRS Form W-9 (*signature required*)

_____Section III: Organization Experience & Cultural Competence

_____Section IV: Proposal Narrative
- Attachments
  - Attachment B: Letter of Support
  - Attachment C: Proposal Narrative

_____Section V: Proposal Budget and Audited Financial Statement
- Attachments
  - Attachment D: Budget Proposal Form (see page 13 of this guide for instructions)
  - Attachment E: Budget Proposal Narrative
  - Audited Financial Statements

Sample ComPass RFP Application
The following information is provided to assist you in preparing your application. It is suggested that you prepare your responses and all required documentation ahead of starting your application in SurveyMonkey.

SECTION I: APPLICANT ELIGIBILITY ATTESTATION

The questions in this section will be used to determine whether Applicants meet the minimum requirements of this RFP and are eligible to receive funding. All proposals must have satisfactory responses in this section to advance to the full application. For more information on applicant eligibility, please refer to page 6 of the RFP.

Instructions: Please respond to the following attestations to demonstrate your organization's eligibility for the NYC Community Partnership for Vaccine Access and Equity (ComPass).

1. I attest to my organization's status as a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status or fiscally sponsored by an organization with 501(c)(3) nonprofit status. (Yes/No) <u>If yes, your organization may be eligible</u>

   Please note: 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. I attest that my organization has previous experience working with older adults and/or persons living with disabilities. This includes existing programming targeting these priority groups and/or existing relationships with programs or entities that serve these communities. (Yes/No) <u>If yes, your organization may be eligible</u>

3. I attest that my organization is registered and not debarred in the System for Award Management (Sam.gov). (Yes/No) <u>If yes, your organization may be eligible</u>

4. I attest that my organization has the ability to meet FPHNYC's insurance requirements prior to entering into a contract. (Yes/No) <u>If yes, your organization may be eligible</u>

5. I attest that my organization has capacity to quickly hire and/or deploy existing staff in Community Health Worker (CHWs) or related roles such as "vaccine champions" (Yes/No) <u>If yes, your organization may be eligible</u>

Please press "Next" to continue. If your organization is found eligible, you will proceed to Section II: Applicant Information.

SECTION II: APPLICANT INFORMATION – Unscored

No points are assigned for questions in this section, but a response is required for each question.

Instructions: Please complete the information about your organization below.

1. Applicant's Legal Entity Name

2. Business Address
   Street Address 1
   Street Address 2
   City
   State
   Zip Code

3. Name of Primary Grant Contact

4. Title

5. Email

6. Phone Number *(Please format xxx-xxx-xxxx)*

7. Name of Organization Authorized Official

8. Title

9. Email

10. Phone Number *(Please format xxx-xxx-xxxx)*

11. Federal Employer Identification Number

12. Unique entity identifier
    If your organization is applying through a fiscal agent, please enter "NA."

13. Please select the neighborhood you are applying for from the choices below. *Only one neighborhood may be selected. The remainder of the application should focus on your plans in the selected neighborhood.*

    Please note: Organizations may apply for multiple neighborhoods but must submit a separate application for each neighborhood.

	Borough	Zip codes included
	Bronx	10455, 10456, ~~10458~~ **10459**
	Brooklyn	11207, 11208, 11212, 11224, 11235
	Queens	11691

14. Please upload your organization's Applicant Signature Form (Attachment A of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

    A completed Applicant Signature Form must be submitted for an application to be considered complete.

15. Please upload your organization's IRS Form W-9 (Attachment E of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

    A completed W-9 form must be submitted for an application to be considered complete.

16. Is your organization applying through a fiscal sponsor?
    a. Yes/No

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: Experience & Cultural Competence.

> 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 fundson behalf of the group being sponsored. For more information visit: https://www.councilofnonprofits.org/running-nonprofit/administration-and-financial-management/fiscal-sponsorship-nonprofits

SECTION IIa: FISCAL SPONSOR INFORMATION – Unscored

Instructions: If your organization is applying through a fiscal sponsor, complete the information about your sponsor below.

1. Fiscal Sponsor's Legal Entity Name

2. Business Address
   Street Address 1
   Street Address 2
   City
   State
   Zip

3. Contact Name

4. Contact Title

5. Contact Email

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

7. Year Incorporated/Founded

8. Federal Employer Identification Number

9. Unique entity identifier

10. Please upload your fiscal sponsor's IRS Form W-9 (Attachment E of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

    A completed W-9 form must be submitted for an application to be considered complete.

Please press "Next" to continue to Section III: Organizational Experience & Cultural Competence Information.

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

1. Does your organization have experience managing a team of community-facing, health-focused staff (this includes community health workers, health outreach workers, peers, navigators, vaccine champions, etc.)?
   a. Yes/No
   b. If yes, briefly describe the roles and responsibilities of these staff.

2. Does your organization **currently employ** community-facing, health-focused staff (this includes community health workers, health outreach workers, peers, navigators, vaccine champions, etc.)?
   a. Yes/No

3. Does your organization have experience conducting community engagement programs focused on COVID-19 vaccine equity? Defined as supporting communities so residents have fair and just access to COVID-19 vaccination.
   a. Yes/No

4. Is your organization a current contractor in any New York City Public Health Corps program (CDG, VEPE, CIHLA)?
   a. Yes/No
   b. If yes, which program?
   c. If yes, please provide the zip codes your organization serves through the program

5. Will your organization have any **active** community engagement programs focused on COVID-19 vaccine equity during the anticipated ComPass contract period (September 2023-March 2024)?
   a. Yes/No
   b. If yes, please provide the following: funding source, award amount, location of program activities, and program goals.

6. Does your organization **currently serve,** defined as having an ongoing program serving residents of one or more of, the zip codes for which you are applying?
   Bronx: 10455, 10456, 10459
   Brooklyn: 11207, 11208, 11212, 11224, 11235.
   Queens: 11691.
   a. Yes/No

7. Does your organization have a community advisory board or other formal mechanism for gathering feedback and working with community?
   a. 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?
   a. Yes/No

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

9. Does your organization maintain a set of trainings for community-facing, health-focused staff (this includes community health workers, health outreach workers, peers, navigators, vaccine champions, etc.)?
   a. Yes/No
   b. If yes, briefly describe these trainings.

10. Are most of your organizational leadership roles (senior executive to executive level) made up of BIPOC (Black, Indigenous, People of Color) staff?
    a. Yes/No
    b. If yes, what percentage of your leadership is made up of BIPOC staff?

11. 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 the training provided.

12. Please list the top three populations your organization serves and is primarily focused on in your work. If there is a priority group that is not on the list below, please write in the "other" text box.
    a. People over the age of 65
    b. People living with disabilities, including physical disabilities
    c. People experiencing domestic/intimate partner violence
    d. People with faith-specific needs, such as Haredi communities
    e. People who identify as members of Black, Indigenous, and Persons of Color communities
    f. People experiencing food insecurity
    g. People with informal job situations, including sex workers
    h. People experiencing homelessness or unstably housed
    i. People who are justice-involved
    j. People with Limited English Proficiency
    k. Immigrants, including legal residents and those who are undocumented
    l. People living with chronic disease
    m. People living in public housing
    n. People of LGBQ+ and TGNCNB experience
    o. People with mental or behavioral health needs
    p. People who use drugs
    q. Children, youth, and young adults
    r. Other – please specify

Please press "Next" to continue to Section IV: Organizational Capacity.

SECTION IV: Organizational Capacity

Instructions: Explain how your organization has the capacity to operate the proposed program. This would include staffing, structures, compliance, and accountability systems and data collection.

1. When was your organization created? Briefly describe the organization's mission and current structure.

2. What is your organization's current annual operating budget?

3. Describe your organization's history of successfully managing federal, state, and private grants.

4. List the three largest grants received in the past 3 years. Please specify the funder, amount, and purpose.

5. Does your organization have experience with both financial and programmatic grant reporting?
    a. Yes/No

6. Briefly describe your organization's plan to assure this award is managed in compliance with applicable laws and regulations.

7. Briefly describe the systems and processes in place to collect quantitative and qualitative data.

8. Describe the internal controls in place to prevent, detect, and mitigate the risk of fraud, waste, abuse, and mismanagement. Examples include: appropriate segregation of duties, internal oversight activities, as well as mechanisms to report, without delay, any suspected criminal activity, waste, fraud, and/or abuse to FPHNYC.

9. Does your organization have written policies or procedures in place for the following:
    a. Payments (vouchering)
    b. Procurement
    c. Competition (procurements)
    d. Method for evaluation and selection (procurements)
    e. Allowable costs
    f. Compensation
    g. Fringe Benefits
    h. Time and Effort Reporting
    i. Employee relocation costs
    j. Travel costs
    k. Cost Allocation Plan (if applicable)
    l. Conflict of Interest
    m. Whistleblower Protection
    n. Disaster Recovery

    If the Applicant does not have formal policies and procedures established yet, the Applicant will be directed to create them if successful in receiving an award.

10. Describe the accounting system your organization utilizes, including whether it is manual, automated, or a combination. Is it in accordance with U.S. generally accepted accounting principles?

11. Does your organization's financial system have the capability to identify, in its accounts, all external awards received and expended and the external programs under which they were received?
    a. Yes/No

Please press "Next" to continue to Section V: Proposal Narrative.

SECTION V: Proposal Narrative

Instructions: The following documents must be completed and submitted with your organization's application.

1. Please upload your organization's Program Approach (Attachment C of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

    A completed Program Approach must be submitted for an application to be considered complete.

2. Please upload your organization's Letter of Support (Attachment D of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

    A completed Letter of Support must be submitted for an application to be considered complete.

Please press "Next" to continue to Section VI: Budget and Audited Financial Statements.

SECTION VI: Budget and Audited Financial Statements

Instructions: The following documents must be completed and submitted with your organization's application.

1. Please upload your organization's Proposal Budget (Attachment D of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

   A completed Proposal Budget must be submitted for an application to be considered complete.

2. Please upload your organization's Budget Justification (Attachment E of the RFP). *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

   A completed Budget Justification must be submitted for an application to be considered complete.

3. If applicable, please upload your organization's Negotiated Indirect Cost Rate Agreement. *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

4. Please upload your organization's audited financial statements for the most recent year audited. If audited financial statements are not available, upload your organization's IRS Form 990. Or, if the entity is not required to file an IRS Form 990, provide a memo on company letterhead, signed by an authorized official, stating the reason. *Accepted file types are PDF, DOC, DOCX, PNG, JPG, JPEG, GIF. Maximum size per file is 16 MB. File uploads may require more than one try to be successful.*

   Audited financial statements or an acceptable alternative must be submitted for an application to be considered complete.

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 30 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***."

Budget Proposal Instructions

Applicants must prepare and submit a budget using the Excel budget template provided. Budgets should be set based on the maximum funding amount for the neighborhood you are applying for, as shown in the table below. The Budget Proposal template (Attachment D) can be accessed here: https://fphnyc.org/get-involved/requests-proposals/.

Applicant Neighborhood Selection	Maximum Funding Amount	Expected Contract Start Date	Expected Contract End Date
South Bronx (10455, 10456, 10459)	$118,350.00	Sept 18, 2023	March 31, 2024
Eastern/Southern Brooklyn (11207, 11208, 11212, 11224, 11235),	$197,250.00	Sept 18, 2023	March 31, 2024
Far Rockaway (11691)	$78,900.00	Sept 18, 2023	March 31, 2024

Budgets should clearly demonstrate how funding will be used to implement proposed project activities and achieve all ComPass objectives.

General Instructions
1. All line items should be entered as whole numbers.
2. If no funds are budgeted for a line item, leave it blank.
3. The Excel template contains formulas to auto calculate line item and budget category totals.
4. The Total Request amount in Column L cannot exceed the maximum budget amount listed in the table above.

PS (Personal Services) Expenses
5. Applicants should list all staff positions by position title, including any in-kind staff. This includes all Community Health Worker positions required in the RFP in addition to current staff who will be contributing to the project. Applicants should indicate percent FTE for staff who are not working 100% on this project.
6. The budget template contains two options for calculating staffing expenses based on either annual salary (Columns C-E) or an hourly rate (Columns F-H). Applicants may elect to use either of these options or may vary selection depending on the staff position. However, Applicants may use only one of these options per staff line.
7. If applicable, Applicants should fill in their organization's established fringe benefit rate as a percentage in Column B. Fringe benefits are auto calculated given the rate entered into Column B.

OTPS (Other Than Personal Services) Expenses
8. Applicants should list all OTPS expenses individually. OTPS costs can include additional costs that go into operating the program, such as travel, office supplies, including tablets, laptops, or other IT technology needed to staff to carry out program activities, program supplies, and printing. All OTPS costs should be directly related to carrying out program activities.
9. Rent/space and utilities – if rent/space and utilities are not included in an applicant's indirect costs, the applicant may include a percentage of those costs as direct costs. Applicant must attach a

separate document with their budget describing the methodology for calculating the direct rent/space and utilities costs to this project.

Unallowable OTPS costs include: meals/food, entertainment costs, equipment, vaccine costs, and construction.

Indirect Costs
10. Organizations with a Conditional Indirect Cost Rate (ICR) or Accepted ICR based on an Independent Accountant's Report or Negotiated ICR Agreement (NICRA) may budget using their established rate. All other organizations should budget using a de minimis rate of 10%.

Instructions for Saving and Submitting the Budget Proposal
1. The Budget Proposal Form must be uploaded into SurveyMonkey and submitted as part of your organization's application.
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 Survey Monkey.
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 Survey Monkey.

Budget Justification Instructions

The purpose of the Budget Narrative is to provide additional details that do not fit within the Proposal Budget Template so that FPHNYC and DOHMH can better understand the budget for your project.

INSTRUCTIONS: The Project Budget has three functional categories: Personal Services (PS), Other than Personal Services (OTPS), and Indirect Costs (also referred to as overhead costs). Include each category in your Budget Narrative (as shown below) and provide a description of the expenses within each category. Provide an explanation of how amounts were derived and how the expense support accomplishment of ComPass objectives. If a particular category has no expenses budgeted, mark it N/A.

Important Notes:
- *Applicants are strongly encouraged to follow this template when preparing their budget narrative.*
- *The budget narrative shall provide a justification for each proposed cost in the budget and demonstrate how it will support accomplishment of* ComPass objectives.
- *Budget numbers that are referenced in the narrative should match the numbers in the Proposal Budget.*
- *The budget narrative has no page limit.*

Personnel Services (PS) | Total Budgeted: $

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1. <u>Salaries</u>
   For each requested position, please (1) provide position title, (2) indicate whether the position is a current employee of the applicant or to be hired, (3) describe the position's scope of responsibility, and (4) demonstrate how the position will support accomplishment of ComPass objectives.
   - Position Title, (Incumbent Name or to be hired): Include scope of responsibility and justification here.

   EXAMPLE:
   - Community Outreach Manager, Jasmine Gray: The Community Outreach Manager provides oversight for FPHNY's community-based outreach program, ensuring that program operations meet established operational standards and objectives. They plan and coordinate daily outreach efforts; develop partnerships and liaise with community agencies to provide linkages to care; set goals, collect data, and track performance metrics; and implement policies, procedures, and training to ensure the safety, respect, and well-being of clients, volunteers, and staff. The Community Outreach Manager will take the lead in implementing the ComPass project, particularly in ensuring that FPHNY completes training and reporting requirements and is able to achieve all ComPass objectives.

2. <u>Fringe Benefits</u>
   Provide your organization's fringe benefit rate and the basis for calculation below. Include a detailed breakdown of percentages and/or amounts for individual fringe benefits and allowances.

FPHNY's fringe benefit rate is calculated based on a blend of varying rates for standard benefits such as health, dental and vision coverage, life insurance, 403B retirement plan, FICA, etc. Please see below for full breakdown:

F.I.C.A. XX%
Health Insurance XX%
Unemployment Insurance XX%
Dental Insurance XX%
Life Insurance XX%
Workers' Compensation XX%
Pension/Retirement XX%
Medicare XX%
NYC Transit Tax XX%
ST Disability Insurance XX%
LT Disability Insurance XX%
Vision XX%
Total Fringe Benefit Rate 30%

Other than Personnel Services (OTPS) | Total Budgeted: $

List all OTPS expenses individually (e.g. laptops/tablets, phones, travel, incentives, etc.). For each expense, please (1) provide a description of the items or services; (2) breakdown how the costs have been calculated; and (3) justify the need for the cost to carryout ComPass activities.

EXAMPLES:
- Office Supplies: This budget line will purchase office supplies including binders, file folders, printer paper, toner, pens, etc. $100 per month x 6.5 months = $650.

- Computer Supplies: This budget line will purchase two tablets that will be used to collect program and participant data in addition to performing administrative work connected to this program. $500 X 2 tablets = $1,000.

- Printing: This budget line will cover the costs of printing outreach materials including flyers, registration forms, handouts, workshop information, etc. $500 x 6.5 months = $3,250.

Indirect Costs | Total Budgeted: $

Describe how your organization's indirect rate is determined and what costs are represented.

- *Organizations with a Negotiated Indirect Cost Rate Agreement (NICRA) may budget using that rate.*

- *Organizations that do not have a NICRA may use a de minimis rate of 10 percent. This is a maximum allowance; if the organization has lower rates, the lower rates should be used.*

- *If requesting a negotiated rate, attach a copy of the current fully executed, indirect cost rate agreement.*

EXAMPLE:

FPHNY has a federally approved indirect cost rate of XX%, which covers overhead costs such as rent, utilities, and insurance, as well as general and administrative expenses, including finance and accounting, human resources, payroll, and benefits administration. Please see attached agreement.