

## **Amendment #2**

# Request for Proposals

## Health Advocacy Partners Program (HAPP): Citywide Health Worker Initiative

*Part of the Public Health Corps, a citywide effort to expand the public health workforce.*

~~Date Issued: October 3, 2023~~

~~Amended: October 25, 2023~~

**Amended:** November 13, 2023

~~Submission Due Date: October 30, 2023~~

**Due to a lack of responses, the submission deadline has been extended to November 24, 2023 at 11:59 p.m. ET for applications for the Queens/Queensbridge community. This extension is for Queens only; Bronx and Brooklyn applications submitted after the October 30<sup>th</sup> deadline will not be accepted.**

Please note that changes to the RFP 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**.

RELEASED BY:

Fund for  
**Public Health NYC**

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## Acronyms & Abbreviations

The acronyms or abbreviations used in this Request for Proposals (RFP) are defined below.

Center for Health Equity and Community Wellness (CHECW)

Community and Faith-based Organizations (C/FBOs)

Community Health Worker (CHW)

Fund for Public Health in New York City (FPHNYC)

Harlem Health Advocacy Partners (HHAP)

Health Advocacy Partners Program (HAPP)

New York City Housing Authority (NYCHA)

New York City Department of Health and Mental Hygiene (NYC DOHMH)

NYC Health + Hospitals Corporation (H+H)

Public Health Corps (PHC)

Public Health Solutions (PHS)

Request for Proposals (RFP)

Task Force on Racial Inclusion and Equity (TRIE)

Technical Assistance (TA)

# Section I: Introduction

## Summary of Request

The New York City Department of Health and Mental Hygiene’s (DOHMH) Center for Health Equity and Community Wellness (CHECW) and the Fund for Public Health in New York City (FPHNYC) announce the availability of \$2,946,978 to fund the expansion of the Health Advocacy Partners Program (HAPP) from Manhattan into the Bronx, Brooklyn, and Queens. The Health Advocacy Partners Program is part of the NYC Public Health Corps (PHC), a citywide investment in and commitment to the public health workforce and just recovery from COVID-19 with and for communities that have been disproportionately impacted. Co-led by the NYC Department of Mental Hygiene (DOHMH) and NYC Health + Hospitals (H+H), the work of the PHC is grounded in health equity, a transformative and adaptive process that works toward the physical, mental, emotional, developmental, spiritual, and environmental well-being of all New Yorkers.

This expansion reflects the NYC Health Department’s continued investment in improving health outcomes in Task Force on Racial Inclusion and Equity (TRIE) neighborhoods, designated in 2020 as those most impacted by COVID-19 and a high percentage of other health and socioeconomic inequities. The intent of the Request for Proposals (RFP) is to select up to three organizations to implement the place-based Community Health Worker (CHW) program model aimed at improving the health of New York City Housing Authority (NYCHA) public housing residents through direct services and health advocacy.

## Background and Need

The mission of the New York City Health Department is to protect and promote the health of all New York City residents. The DOHMH’s Center for Health Equity (CHECW) builds on this mission by strengthening and amplifying the Health Department’s work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism. To that end, CHECW launched the [Harlem Health Advocacy Partners \(HHAP\)](#) initiative in 2014, with the goal of improving the health outcomes of New York City Housing Authority (NYCHA) residents in Harlem by linking residents with Community Health Workers (CHWs) and Health Advocates. Working in partnership with residents, health care providers, and community organizations, HHAP seeks to achieve this goal through:

- 1) Individual Health Advocacy – supporting access to health and social services to which they are entitled.
- 2) Direct Service – providing health coaching to individuals for at least 6 months and providing group wellness activities and high-quality educational workshops to increase self-efficacy for healthy behavioral changes and disease management.
- 3) Community Health Advocacy – building community capacity to seek and/or create healthy conditions and acceptable services through advocacy to government and other service providers.

Healthcare and social service systems in New York City have made efforts to improve the health of the most vulnerable populations. However, these systems were not designed to be equitable or to address the complex needs of communities suffering from historical and contemporary injustices, such as poverty, racially segregated housing, disinvestment, and discrimination. CHECW’s HHAP initiative is a place-based Community Health Worker (CHW) program aiming to address the gaps in these systems. Initially launched as a demonstration project, the initiative, currently led by Public Health Solutions (PHS), now operates in five New York City Housing Authority (NYCHA) public housing developments in East and Central Harlem,

which are home to nearly 10,000 adults. HHAP's CHWs, who provide health coaching, educational workshops, and community advocacy, are an essential part of its success. CHECW also leads a CHW model centered around the mitigation of the impact of COVID-19 as well as community centered recovery focused on addressing root causes that increased susceptibility to COVID-19.

The Health Advocacy Partners Program is part of the NYC Health Department's overarching Public Health Corps (PHC), a citywide investment in and commitment to the public health workforce and just recovery from COVID-19 with and for communities that have been disproportionately impacted. Co-led by the Health Department and the NYC Health + Hospitals Corporation (H+H), the work of the PHC is grounded in health equity, a transformative and adaptive process that works toward the physical, mental, emotional, developmental, spiritual, and environmental well-being of all New Yorkers. The Public Health Corps model integrates key components of the agency's [Community Engagement Framework](#), which calls for shared leadership in addressing community needs when applicable and applying an equity lens in the planning, implementation, and development of programming.

An initial needs assessment of East and Central Harlem, determined that among adults 35 years or older, 74% were suffering from chronic conditions, including 54% diagnosed with hypertension, 29% with diabetes and 12% with current asthma. Health Department data from hospitalizations and the A1C registry suggest that in many instances these conditions are not well controlled among this population. On an individual level, these conditions impact quality of life. On a population level, they contribute to an excess number of avoidable emergency room visits and hospitalizations in East and Central Harlem and associated costs. Preliminary evaluation of enrolled HHAP health coaching participants demonstrate that:

- Participants self-reporting good to excellent general health increased by 40%, from 55% to 78%.
- Among participants with diabetes, the number with self-reported controlled diabetes increased by 46%, from 50% to 77%.
- Among participants with hypertension, the number with directly measured controlled blood pressure increased by 19%, from 60% to 71%.
- Participants who screened positive for moderate, moderately severe, or severe depression decreased by 40%, from 15% to 9%.

Health coaching has empowered NYCHA residents (including some with low literacy or low English language proficiency) to acquire the knowledge and skills to better manage their chronic illness and support increased access to health-related services to which they are entitled. Since 2016, health coaching sessions conducted by CHWs have been provided to over 1,150 individuals living in NYCHA, reaching more than 10% of the Health Department's target population. Similarly, the community advocacy work has successfully elevated and addressed issues such as food security, public safety, housing repairs, etc. which often form a significant barrier to NYCHA residents struggling to manage chronic disease. To date, over 5,000 NYCHA residents have been engaged in group wellness and advocacy activities since the program began in 2015.

Further information is available on the NYC Health Department website at:

<https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/neighborhood-based-chw-ilinitiative.pdf>

## Project Objectives

Through this RFP, the NYC Health Department intends to expand the Health Advocacy Partners Program (HAPP) and implement this innovative program model at NYCHA developments in the Bronx, Brooklyn, and Queens. The Department seeks to partner with organizations that have demonstrated ties to the NYCHA developments selected and/or a physical presence in the neighborhoods located within Bureau of Neighborhood Health catchment areas as specified in Table 1 below.

During the initial 7-month project period, December 1, 2023 through June 30, 2024, selected organizations will work with the NYCHA residents designated within their borough to:

- 1) Increase self-efficacy for healthy behavioral changes and disease management through individualized health coaching and case management.
- 2) Improve health outcomes and quality of life through educational workshops and wellness activities.
- 3) Build communities' capacity to seek and/or create healthy conditions through advocacy to government and other service providers.

## Available Funding

Approximately \$2,946,978 will be available to support a total of 3 awards, one for each of the neighborhoods listed below.

Table 1

Neighborhood/Borough	NYCHA Development	No. of Awards	Maximum Award Amount	Estimated Initial Project Period
Bedford-Stuyvesant, Brooklyn	Marcy Houses	1	\$982,326	12/01/2023-6/30/2024
Morrisania/Claremont, Bronx	Butler Houses	1	\$982,326	12/01/2023-6/30/2024
Long Island City, Queens	Queensbridge (north and south)	1	\$982,326	1/01/2024-6/30/2024

Applicants may apply for more than one neighborhood; however, a separate application must be completed and submitted for each.

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

## Eligibility & Selection Criteria

Interested and qualified Applicants that can demonstrate their ability to successfully provide the services outlined in Section II, Scope of Services, 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) with 501(c)(3) nonprofit status.
  - Organizations working jointly or as part of coalitions are welcome to apply; however, one organization must serve as the lead applicant when submitting a proposal. If awarded, the lead organization will be the designated awardee and will be responsible for ensuring complete execution of the workplan and fulfillment of reporting and all other requirements.

- Applicants must be in good standing with the federal government, the State, and the City of New York.
- Applicants must demonstrate the organizational capacity to conduct the work described in this RFP and have the fiscal and contracting capacity, as well as the accounting and administrative controls necessary to effectively manage an award. Requirements include financial stability, fiscal solvency, ability to provide separate reporting for use of funds, and staff to oversee the scope of work and comply with the contract.
- Applicants must demonstrate a “developed base” (defined by a physical or programmatic presence and strong network of support) in the Bureau of Neighborhood Health catchment area in the Bronx, Brooklyn, or Queens (Appendix A) for which they are applying and among the target population(s) with whom they propose to conduct coaching and educational workshops.
- Applicants must have a minimum of three (3) years of relevant experience within the last five (5) years providing each of the following:
  - Health education/coaching services in communities impacted by health disparities. Greater consideration will be given to proposers with experience providing these services to NYCHA residents.
  - Facilitating and evaluating workshops that include or are related to chronic disease management of asthma, hypertension, diabetes, nutrition, stress management, smoking cessation, and mental health first aid.
  - Advocacy support and linkages.
  - Ongoing community outreach and recruitment, including communities with limited English proficiency.
- ~~Applicants must have, or obtain by contract execution, program space (which can be owned, leased, rented, or donated space) located in the target neighborhood that is sufficient to perform the work of the contract, including one-on-one coaching, case management and care coordination.~~

Preferred Experience

- Applicants that have established partnerships or collaborations with at least three (3) local community-based organizations, substance use disorder programs, mental health groups, or health systems will be preferred. Greater consideration will be given to applicants with demonstrated referral relationships with healthcare systems (clinics, hospitals, and federally qualified health systems).

## Section II: Scope of Services

HAPP Partners will be funded to complete the following activities from December 1, 2023 – June 30, 2024 **for Bronx/Brooklyn and January 1, 2024—June 30, 2024 for Queens**, with support from the NYC Health Department:

### Health Coaching

1. Contractors will be expected to engage a minimum of 70 unduplicated residents in health coaching regarding chronic diseases such as asthma, diabetes, hypertension and provide support with social determinants of health, such as linkages with nutrition access, increased physical activity access and connection to other social service providers.
  - a. Each Community Health Worker (CHW) will maintain a caseload of at least 7 health coaching participants.
2. Contractors will be responsible for the following tasks under health coaching:
  - a. Conduct a minimum of one coaching session per participant per month over the course of the 6-month coaching enrollment period, with more frequent coaching sessions depending on participant need.
  - b. Ensure that participants complete health coaching as noted in the protocol developed and provided by the Health Department. Protocol includes, but is not limited to, completion of baseline and follow-up assessments, disease specific learning modules, setting and working on health goals.
  - c. Help connect participants to social services and supports (Supplemental Nutrition Assistance Program (SNAP), legal aid, employment resources, etc.).
  - d. Accompany participants to medical and social services visits as needed.
  - e. Prepare case-related reports including but not limited to outcomes, successes, and challenges.
  - f. Complete goal setting forms over the course of enrollee coaching sessions.
3. Contractors will be expected to leverage existing partnerships and affiliations with community and faith-based organizations, local health systems and key community stakeholders to establish and support referral pipelines of residents into health coaching services.
4. Contractors will develop and implement a 6-month long educational curriculum for health coaching developed in agreement and with approval from the NYC Health Department.

### Educational Workshops and Group Wellness Activities

1. Contractors will host educational workshop and/or group wellness activities with the following considerations:
  - a. Workshops OR activities must take place at least two (2) times per month during the contract period to educate a total of ~400 non-unique residents in NYCHA developments in each borough, the Bronx, Brooklyn, and Queens.
  - b. CHWs will lead or facilitate the workshops/activities informed by resident input and feedback. Contractors can also identify an expert to facilitate workshops/activities and train CHWs.
  - c. NYCHA residents and other community members will be recruited through in-person, virtual or telephonic recruiting mechanisms.
  - d. In-person workshops and group wellness activities must take place in easily accessible, ADA compliant locations, such as NYCHA Community Centers or Senior Centers. All activities and materials must be translated as per the needs of participants to ensure that those with



limited-English proficiency are able to access these services.

2. Workshops/group wellness activities should be scheduled primarily during evenings and weekends to maximize attendance but can also take place during normal weekly business hours (Monday – Friday) for other residents as needed.
3. Contractors will develop and conduct a feedback survey of participants attending workshops/group wellness activities to determine if educational needs are being met. The survey results will be used to implement changes or develop additional quality programming.
  - a. Survey tools can be paper or virtual depending on workshop format. The survey must be submitted for Health Department approval. Summary results from each workshop will be entered into Salesforce and submitted to the Health Department in the monthly report for the month in which the workshop is held.
4. Contractors will host educational workshops that include facilitated activities and specified learning objectives related to the subject area. Workshops should include any combinations of audio, video, demonstrations, written materials, and Q&A sessions to be engaging for participants. Participants should receive resources and print materials reinforcing workshop information.
5. Contractors must have the capacity to provide educational workshops/group wellness activities using various digital/telephonic platforms including but not limited to Zoom, WebEx, Facebook Live, or conference calls. Contractors will purchase and maintain all digital communication and media software and platforms.
6. Contractors are encouraged to coordinate the delivery of educational workshops/group wellness activities through partnerships or collaborations with CBOs, hospital affiliations, substance abuse programs, mental health groups and other similar organizations.
7. Awardee will draft and submit an educational workshops/group wellness activities yearly plan and objectives to the Health Department for approval. At minimum, the educational workshops/group wellness activities would include the following:
  - a. Peer Support Groups, which will, at minimum include organizing one monthly facilitated peer support group meeting comprised of NYCHA residents and other community members. The Contractor will ensure that attendees provide each other knowledge, experience, and emotional support around chronic disease management or other health related topics.
  - b. Blood Pressure (BP) Monitoring, which will, at minimum:
    - i. Occur twice monthly at NYCHA Senior Centers/Community Centers covered by the program or work with the Health Department to identify an alternate location. Contractor will make appropriate allowances for social distancing as required for COVID-19. Contractor will purchase and maintain any BP monitors for the duration of contract. BP monitors must meet Health Department and federal guidelines.
    - ii. The Community Health Workers will:
      - Coordinate 2-hour time blocks to measure residents blood pressure using digital monitors purchased via DOHMH-selected vendor and maintain any replacement BP monitors for the duration of contract.
      - Provide brief education on BP Control and BP Tracking.
      - Screen for health coaching enrollment and other related services.
  - c. Chronic Disease Management and Control (Diabetes, Hypertension, Asthma)

Other types of group wellness activities can include:

- Walking groups
- Food access and nutrition classes

- Stress management peer support
- Living well, mindfulness activities
- Smoking cessation
- Mental health
- Art therapy
- COVID-19 education
- Shape up classes – free drop-in fitness classes may be organized to take place at NYCHA developments serviced by the program.
- Citi Bike group rides – Group rides may be organized in coordination with the New York City Health Department and the Department of Transportation.

### Outreach and Community Engagement

1. Contractors will develop and implement a multi-pronged outreach plan to engage and enroll a minimum of 150 and maximum of 200 unduplicated residents, annually, over the course of the contract term in the target neighborhoods of Queens, Brooklyn, and the Bronx. The plan should include an overall strategy for reaching the required number of unduplicated residents annually and examples of documentation that will verify resident engagement.
2. Contractors will coordinate and integrate with the Health Department’s Bureaus of Neighborhood Health to amplify each other’s planned outreach activities and share updates on program activities from the previous month.
3. Contractors will coordinate with the Bureaus of Neighborhood Health in the Bronx, Brooklyn, and Queens to promote HAPP to community residents, local health systems, managed care organizations and others and increase participation in HAPP through activities including, but not limited to:
  - a. Distribute marketing materials provided by the Health Department, such as the HAPP fact sheets, outreach flyers, and other outreach materials.
  - b. Distribute promotional materials to promote the program and incentivize target residents to take advantage of CHW services such as health coaching and educational workshops/group wellness activities.
  - c. Obtain prior written approval from the Health Department for any non-DOHMH-provided flyers and promotional materials.
  - d. Attend health fairs and other events in the community.
  - e. Utilizing community engagement and recruitment strategies including, but not limited to, door knocking, lobbying meetings, social media, telephonic outreach, email, posting program information in buildings, and tabling inside and outside community and senior centers and other key locations in target neighborhoods.
  - f. Coordinate farmers’ market tours and apply for the Health Department’s Health Bucks project to incentivize purchasing and consumption of fresh fruits and vegetables.

### Minimum Required Staffing

Organizations selected for award will develop and implement a plan for recruiting and retaining appropriately qualified and credentialed staff, with an emphasis on Community Health Workers. This will include recruiting and retaining culturally and linguistically diverse staff to match with the population served; recruitment from NYCHA developments is highly recommended. All funded programs must adhere to the minimum staffing requirements specified below.

1. **One (1) Full-Time Program Manager [with a minimum salary of \$75,000/year]** responsible for

leading, guiding, supporting, and monitoring delivery of health coaching services, social support referrals, engagement; participating in wellness activities geared towards achieving program goals; and meeting regularly with NYC Health Department to review data and program performance.

The recommended qualifications for this position are:

- Master's degree in public health, public administration, social work, or a related field.
- Possess an understanding of community level work and the importance of collaborating and coordinating with other organizations;
- Effective communication and documentation skills;
- Cultural and linguistic competence for the target population; and
- Familiarity with motivational interviewing and trauma-informed care.

2. **Two (2) Full-Time Supervisors [with minimum salaries of \$65,000/year]** responsible for oversight of CHW staff providing health coaching and organizing services for the program.

The recommended qualifications for this position are:

- Bachelor's degree in community health or a related area preferred, with 2 years of supervisory experience.
- Cultural and linguistic competence for the target population; and
- Familiarity with motivational interviewing and trauma-informed care.

3. **Ten (10) Full-Time Community Health Workers (CHW) [with minimum salaries of \$50,000/year]** responsible for providing: one-on-one health coaching sessions; individual and group level educational workshops; and referrals for insurance assistance and navigation, clinical and social support services in the community.

The recommended qualifications for this position are:

- Bachelor's degree or comparable experience in community health, case management, health coaching, and/or care coordination.
- Be reflective of the communities/populations being served. It is highly recommended to hire CHWs from the NYCHA developments that will be part of the program; and
- Be knowledgeable about the community's services and familiar with navigating the systems of care.

Within 60 days of contract execution, Contractors must identify all staff and submit this information to the NYC Health Department and FPHNYC, including: name, title, and start date. Should this information change during the course of the contract, Contractors will promptly notify the NYC Health Department and FPHNYC of all changes. Contractors must also have a contingency plan, including a process for identifying, hiring, and deploying staff quickly, to effectively address staff vacancies.

### Requirements of the Program

1. Training: Contractors will develop and implement a training/professional development plan to ensure that all staff are appropriately equipped to undertake the work of this project. Plans must incorporate completion of the following trainings:
  - a. Community Health Worker (CHW) Core Competency Training; training must be delivered by an experienced provider subject to Health Department approval. All training costs must be specified in the budget proposal.

- b. The following trainings will be supported by the NYC Health Department either directly, using a train the trainer model, or via a qualified training entity:
  - i. Health and safety training; must be completed by all community-facing staff prior to completing any community-facing work.
  - ii. Chronic disease specific.
  - iii. Health Coaching Protocols
  - iv. Salesforce Database Training; and
  - v. Roots of Health Inequity; must be completed virtually within 90 days of contract execution.
2. Data Collection and Reporting: Contractors will be responsible for collection and timely and accurate entry of programmatic data into a NYC Health Department-administered database. Required data will include, but is not limited to, participant-level data, such as participant demographics, participant health goals and outcomes (at intake and follow-up), and case management notes, as well as event and activity data and summaries.
3. Space: Contractors will secure space necessary to perform the work of this contract, including one-on-one coaching, case management and care coordination.
  - i. The space must be in **or adjacent to** the target neighborhood, ADA compliant, and easily accessible to the target population.
  - ii. The space must be ready and available no later than the contract start date.
4. Virtual Meeting Capabilities: Contractor must have the capacity to provide in-person and remote health coaching services using various digital/telephonic platforms including but not limited to Zoom, WebEx, Facebook Live, or conference calls. Contractors will purchase and maintain all digital communication and media software and platforms.

### Administrative Requirements

1. Contractor will maintain a financial management system which will provide accurate, current, and complete financial results for each program activity funded under this agreement. Funding for this agreement shall be accounted for separately and shall only be used by the Contractor for the activities, services and specific locations described hereunder and for no other purpose. Contractors is also responsible for establishing and maintaining effective internal controls, including internal controls over compliance, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that there is reasonable assurance that programs are administered in compliance with all requirements.
2. This project is being supported with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP). For awards of \$100,000 or more, vendors will also be required to register in PASSPort, the City's digital procurement system.
3. Contractor will comply with all applicable federal, State, and local laws and regulations.

### NYC Health Department Support

HAPP Contractors will receive the following types of support from the NYC Health Department for this project:

- Provide an orientation workshop to the HAPP Partners.
- Provide core trainings on health and safety, chronic disease, health coaching protocol. Salesforce database, and roots of health inequities.
- Convene Partners and their staff for peer learning opportunities to foster information exchange, networking, and team building.

- Provide technical support around evaluation tools such as surveys and feedback questionnaires.
- Provide outreach materials specific to HAPP that can be disseminated to community members.
- Provide information about ongoing Health Department programming, resources, and policies and information about relevant programming/policies of sister City agencies that can assist HAPP Partners in fulfilling their deliverables.

### Use of Funds

The amount of funding requested should be directly related to the activities included and the level of effort and cost of provided services. Funds must be used solely for implementing proposed project activities and achieving HAPP deliverables during the program period. Funds must supplement, not supplant, existing services and may not be used to pay for existing levels of services funded from any other sources.

Funds may be used for, but are not limited to, the following program-related purposes:

- Salary & Wages: Include staff time supporting program activities. This may include percent time of existing staff or salaries of new staff.
- Fringe Benefits: Include costs of leave, employee insurance, pensions, unemployment benefit plans, etc. Should be based on actual costs or an established formula.
- Consultant Costs: Include costs related to hiring an individual who will give professional advice or services (e.g., training, expert consultant, etc.) for a fee. This individual is not and cannot be an employee of the organization.
- Local Travel: Include costs for local travel during project period, if this is applicable to your respective strategy. 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.
- Supplies: Include costs for supplies that support program activities (e.g., computers, printers, computer software and applications, BP monitors, educational materials, COVID-19 test kits, and general office supplies).
- Other: Include costs associated with your activities not covered in other categories, such as:
  - Event expenses such as room rental fees, food, interpretation services, or rental equipment
  - Outreach materials such as fliers or paid social media posts
- Contractual Costs: Include costs for: 1) work performed by an independent contractor requiring specialized knowledge, experience, expertise or similar capabilities. 2) purchase of a product or service to be procured by contract and an estimate of cost.
- Indirect costs: Capped at 10% of direct costs.

## Section III: Requirements and Eligibility

### 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](#). FPHNYC will not provide individual notice of changes; organizations are responsible for regularly checking this web page for any changes.

October 3, 2023	Request for Proposals (RFP) release date
October 17, 2023	An Applicant Information Session (remote and recorded) will be held for interested organizations to learn more about the RFP. See below for meeting details.
October 18, 2023 at 11:59 p.m. ET	Deadline to submit written questions All questions must be submitted in writing to <a href="mailto:procurement@fphnyc.org">procurement@fphnyc.org</a> with the subject line "Health Advocacy Partners Program."
October 20, 2023	Q&A and recording of info. session posted
October 30, 2023 at 11:59 p.m. ET	Application deadline
November 10, 2023 (estimate)*	Notification of awards <b>for Bronx and Brooklyn</b>
<b>November 24, 2023 at 11:59 p.m. ET</b>	<b>Extended deadline for Queens applications only</b>
November 24, 2023	Due date for finalized workplan <b>for Bronx and Brooklyn</b>
December 1, 2023*	Contract start date <b>for Bronx and Brooklyn</b>
<b>December 10, 2023 (estimate)*</b>	<b>Notification of awards for Queens</b>
<b>December 15, 2023</b>	<b>Due date for finalized workplan for Queens</b>
<b>January 1, 2023*</b>	<b>Contract start date for Queens</b>
June 30, 2024	Due date for final activity/deliverable of contract

\*Funding notification and contract start dates are target dates only. FPHNYC may amend the schedule as needed.

### Applicant Information Session

A virtual information session will be held on Tuesday, October 17, 2023 from 3:00 to 4:00 p.m. for those interested in applying. While participation in the information session is not mandatory, it is recommended that Applicants utilize this opportunity to ask any questions they may have related to this RFP.

Please join using the following link: <https://us02web.zoom.us/j/86262406067>

Meeting ID: 862 6240 6067

To dial in: +1 646 558 8656 US

Meeting ID: 862 6240 6067

Find your local number: <https://us02web.zoom.us/j/86262406067>

A recording of the session will be available on FPHNYC's [website](#), and all questions asked during the session will be included in the FAQs posted on Friday, October 20, 2023.

### 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 "Health Advocacy Partners Program." All such questions and inquiries must be received by October 18, 2023 at 11:59 p.m. ET. 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 Friday, October 20, 2023.

### Submission Instructions

The deadline for submission is Monday, October 30, 2023 by 11:59 p.m. ET. **The deadline has been extended for the Queens/Queensbridge community to Friday, November 24, 2023 by 11:59 p.m. ET.**

Proposals must be submitted via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with the subject line "Health Advocacy Partners Program." Applicants should follow the proposal instructions in Section IV: Completing the Proposal (page 15).

Responses received after the deadline will be disqualified from funding consideration. It is the responsibility of the submitting organization to ensure delivery of the application to the above email address by the submission deadline. A confirmation email will be sent within 48 hours of receipt of the application.

### 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.

### Funding Term and Payment Structure

The contracts resulting from this RFP will be for ~~a 7-month~~ **the following** terms:

- December 1, 2023, through June 30, 2024 **for Bronx and Brooklyn**
- **January 1, 2024 through June 30, 2024 for Queens**

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 20% of the total award amount may be paid to recipients upon execution of the contract.



## Section IV: Completing the Application

### Proposal Contents

To be considered for an award, Applicants must submit their completed proposal by Monday, October 30, 2023, at 11:59 p.m. ET. **The deadline has been extended for the Queens/Queensbridge community to Friday, November 24, 2023 by 11:59 p.m. ET.** All proposals must be submitted via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with the subject line “Health Advocacy Partners Program.”

A complete proposal comprises of:

- Attachment A: Applicant Signature Form – submit as PDF document
- Attachment B: HAPP Application Form – submit as PDF document
- Attachment C: Proposed Workplan – submit as PDF document
- Attachment D: Budget Proposal – submit as Excel document
- Attachment E: Budget Narrative – submit as PDF document
- Letters of Support – submit as PDF document
- Applicant’s IRS Form W-9
- Audited financial statements for the Applicant’s most recent fiscal year

*Applicants may include letters of support as additional evidence of their capacity and relationships with communities. Applicants will not be penalized for not providing these.*

Incomplete proposals will not be considered.

### Application Instructions

1. Click [here](#) to download the required proposal documents.
2. Complete all documents using the forms and templates available in Appendix A, Appendix B, Appendix C, Appendix D, and Appendix E.
3. Label all proposal documents as indicated above (e.g., “Applicant Signature Form”).
4. Submit proposal attachments via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) using the subject line “Health Advocacy Partners Program.”
5. After submitting the proposal package, Applicants will receive an email confirming receipt.
6. 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 will not be accepted.

### Other Proposal Considerations

Proposals should be responsive to the questions and issues below, as each proposal will be evaluated in the context of the larger goals of the Health Advocacy Partners Program:

- How has your organization sought to address structural inequities that contribute to negative health outcomes?
- The degree to which your organization has experience working directly with diverse partners and community members, including those at greatest risk of negative health outcomes, in the identified community.
- The ability of your organization to mobilize community members around a health or social issue.

## Section V. Selection Process and Review Criteria

A Review Committee convened by the NYC Health Department will evaluate the RFP submissions based upon the criteria below. A maximum total of 100 points are possible in scoring each proposal.

CATEGORY	POINTS
Experience and Approach Section	60
Organizational Capability/Staffing	15
Work Plan	15
Budget	10
<b>Maximum Points Awarded</b>	<b>100</b>

The review process will consist of the following steps:

1. FPHNYC will conduct an initial review to screen proposals for eligibility, completeness, and technical requirements. Those that are determined to be eligible will then be evaluated by the Review Committee.
2. 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. As part of the evaluation process, at the discretion of the Committee, Applicants may choose to interview applicants to request additional clarification and/or information from applicants. However, under no circumstances will the Applicant be allowed to make changes to the response.
3. The review committee will recommend the highest-ranking proposals for funding to the NYC Health Department's leadership. The final selection will be based on scoring, as well as achieving an effective and integrated mix of strategies, geographic distribution across New York City, and inclusion of priority communities and populations disproportionately affected by racial and health inequities.

### Basis for Award

The NYC Health Department will select the Applicant whose proposal is determined to be the most advantageous to the Department, taking into consideration the evaluation criteria listed above. Additionally, final award decisions may consider past contract performance (if Applicant has current contract(s) or had contracts within the last three years with FPHNYC and/or the City of New York) or reference/background checks for Applicants without any prior or recent contracting relationship with FPHNYC and/or the City of New York.

### Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. The contract or contracts resulting from this RFP will be held between the Fund for Public Health in New York City, an independent 501(c) (3) not-for-profit organization, in its role as NYC Health Department's fiscal agent, and the selected applicant(s). Any contract award will be subject to timely and successful completion of contract negotiations, demonstration of all required insurance coverage, and all other requirements of and approvals by NYC Health Department and FPHNYC.

Following award notification, Contractors will be expected to finalize their project workplans (clearly describing their planned activities) in partnership with DOHMH and FPHNY. The finalized workplan will be included as part of the contract.

At the discretion of FPHNYC and NYC Department of Health, final awards may be less than requested to distribute funds among Contractors 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 need or priorities.

## Section VI: Disclaimers and General Provisions

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

1. By submitting a proposal, the Applicant acknowledges that they have read and understand this RFP and can fulfill all requirements. Once submitted, submittals will be the property of FPHNYC and will not be returned.
2. FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC and/or NYC Department of Health.
3. 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.
4. 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.
5. 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.
6. 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.

7. This project is being supported with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP). In PIP, vendors can view financial transactions with the City of New York, register for Electronic Funds Transfer payments and more. For more information, please visit: <https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService>.

For awards of \$100,000 or more, vendors will also be required to register in PASSPort, the City's digital procurement system. PASSPort training and information materials are available through videos, user guides and FAQs at [www.nyc.gov/passport](http://www.nyc.gov/passport).

8. 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.

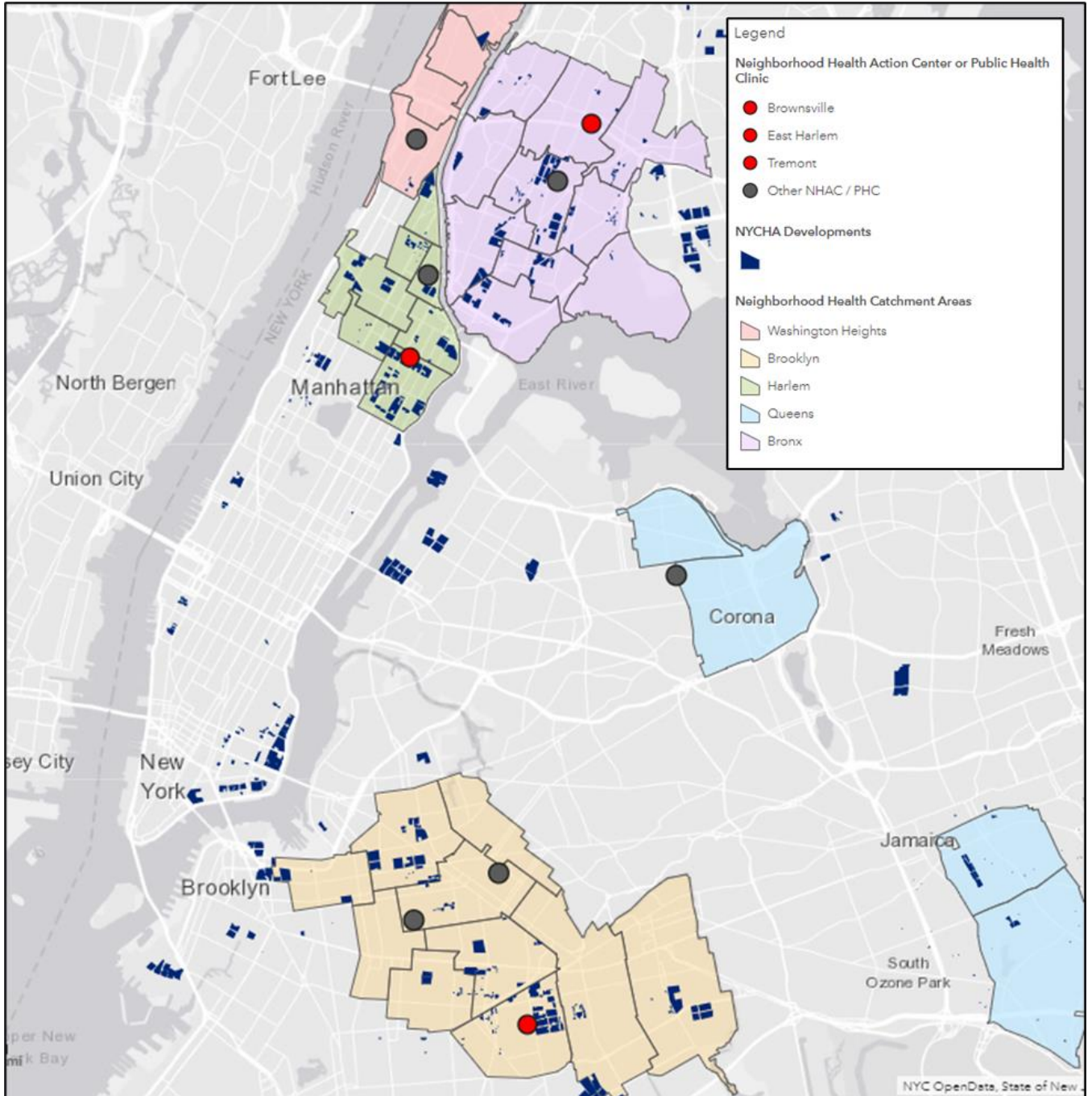
# APPENDIX A

## Bureaus of Neighborhood Health Catchment Areas

Bronx – East Tremont

Brooklyn – Bedford-Stuyvesant, Brownsville, East New York, Bushwick

Queens – Jamaica, Far Rockaway



## Section VII. Attachments

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

- Attachment A: Applicant Signature Form
- Attachment B: HAPP Application Form
- Attachment C: Proposed Workplan
- Attachment D: Budget Proposal
- Attachment E: Budget Narrative
- IRS Form W-9