**Fund for Public Health NYC**

# APPLICATION GUIDE

## Building Resiliency and Advancing Vaccine Equity (BRAVE)

**Proposals must be submitted by 11:59 p.m <mark>December 13, 2023</mark> via SurveyMonkey**

Thank you for your interest in the New York City Building Resiliency and Vaccine Equity (BRAVE) Project. 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 BRAVE 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)
- **BRAVE RFP Application** (pages 4-20)
- **Proposal Budget Instructions** (pages 22 - 23)
- **Budget Justification Instructions** (page 24 - 26)

To be considered for an award, Applicants must submit their completed application by <mark>December 13, 2023,</mark> 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 BRAVE 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. Write a high-quality proposal that is responsive to the RFP.
5. Get attachments signed by your organization's authorized representative.
6. Review the Application Checklist to ensure all required elements have been completed.
7. Submit application in SurveyMonkey by 11:59 p.m. on December 11, 2023.

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: Qualifications and Organizational Experience
- Section IV: Organizational Capacity
- Section V: Proposal
- Section VI: Proposal Budget, Narrative, and Audited Financial Statements

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

**BRAVE 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)*
  - Attachment D: IRS Form W-9 (*signature required*)

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

_____Section III: Qualifications and Organizational Experience

_____Section IV: Organizational Capacity

_____Section V: Proposal

_____Section VI: Proposal Budget and Audited Financial Statement
- Attachments
  - Attachment B: Budget Proposal Form (see page 22 of this guide for instructions)
  - Attachment C: Budget Proposal Narrative (see page 24 of this guide for instructions)
  - Audited Financial Statements

# BRAVE RFP Application Guide

*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 BRAVE RFP.**

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 that also meets all eligibility requirements in this RFP. (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 is in good standing with the City of New York, State of New York, and the United States Federal Government. (Yes/No)

3.  I attest that my organization has a valid Unique Entity Identifier (UEI) or is able to obtain one by the award notification date. (Yes/No) <u>If yes, your organization may be eligible</u>

4.  I attest that my organization has a physical location in New York City and provides services in one or more of the neighborhoods designated by the Mayor's Taskforce for Racial Inclusion and Equity (TRIE) in 2020 as those impacted by COVID-19 and a high percentage of other health and socioeconomic inequities. (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.**

**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 | Neighborhood | Zip codes included |
|---|---|---|---|
| | Bronx | Charlotte Gardens/Hunts Point | 10459 |
| | Bronx | Allerton/Norwood/Pelham Parkway/Williamsbridge | 10467 |
| | Bronx | Parkchester and Soundview | 10472, 10473 |
| | Bronx | Mott Haven, Melrose | 10451, 10454, 10455 |
| | Brooklyn | East NY | 11239 |
| | Brooklyn | Ocean Hill, Brownsville | 11212 |
| | Brooklyn | South Williamsburg | 11206 |
| | Brooklyn | Brighton Beach, Coney Island, Seagate, Manhattan Beach | 11224, 11235 |
| | Brooklyn | Cyprus Hills/East NY | 11207, 11208 |
| | Queens | Queens Village | 11429 |
| | Queens | Airport/East Elmhurst | 11369 |
| | Queens | Jamaica | 11433 |
| | Queens | Astoria/Long Island City/Sunnyside | 11101 |
| | Queens | Woodhaven | 11421 |
| | Queens | Edgemere, Far Rockaway, Averne | 11691, 11692 |
| | Staten Island | Port Richmond, Randall Manor, West Brighton | 10310 |
| | Staten Island | New Dorp, Todt Hill | 10304 |
| | Manhattan | East Harlem | 10029, 10035 |

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 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 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: Qualifications and Organizational Experience.**

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

**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. Please select the primary 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. African American and Black Communities
   b. Asian and Pacific Islander Communities
   c. Indigenous and Native American Communities
   d. Latino/a/x Communities
   e. Immigrant and/or Undocumented Communities
   f. People over the age of 65
   g. People with Disabilities
   h. People Experiencing Domestic/Intimate Partner Violence
   i. People with Faith-Specific Needs, such as Haredi Communities
   j. People with Informal Job Situations, Including Sex Workers
   k. People Experiencing Homelessness or Unstably Housed
   l. People who are Justice-Involved
   m. People with Limited English Proficiency
   n. People Living with Chronic Disease
   o. People Living in Public Housing
   p. People of LGBTQ+ and TGNCNB Experience
   q. People with Mental of Behavioral Health Needs
   r. People Who Use Drugs
   s. Youth/Young Adults
   t. Other (please specify)

2. Is your organization's leadership (including board leadership) and staff at least 51% BIPOC (Black, Indigenous, People of Color)?
   a. Yes/No

3. Is a majority (at least 51%) of your organization's leadership (including board membership) and staff from the neighborhood or part of the community you serve?
   a. Yes/No

4. Does your organization collect data on services provided and populations served?
   a. Yes/No

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

6. 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)

7. Does your organization have experience compensating community members for input and other contributions?
   a. Yes/No

8. Does your organization use qualitative (including stories from community) or quantitative data to focus or adjust programming to meet identified needs of the community or communities your organization serves to advance health equity?
   a. Yes/no
   b. If yes, please provide an example (100 words or less)

9. Does your organization provide information about health and social services, referrals to health and social services or provide services or programming to advance health equity in your community?
   a. Yes/no
   b. If yes, please provide an example (100 words or less)

10. Does your organization mobilize your community to advance policy and create social change to promote health equity?
    a. Yes/no
    b. If yes, please provide an example (100 words of less)

11. Has your organization served your community or neighborhood to address COVID-19?
    a. Yes/no
    b. If yes, please provide an example (100 words or less)

12. Has your organization regularly provided COVID-19 education to your community or neighborhood?
    a. Yes/no
    b. If yes, please provide an example (100 words or less)

13. Is your organization able to mobilize staff or hire staff quickly to begin work in January 2024?
    a. Yes/no
    b. If yes, please explain how your organization will mobilize staff (100 words or less)

**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.**

**Instructions: Please describe your organization's experience and planned approach for each deliverable.**

Tailored Messaging

1. Does your organization have experience tailoring messaging and producing communications materials to reach specific communities?
   a. Yes/no
   b. If yes, please upload 2 examples of completed messaging products. Two examples must be uploaded for the application to be considered complete.

2. Please describe your organization's proposed plan and approach, including (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) types and quantities of materials being produced, (3) strategies for message tailoring, and (4) plans for community involvement (including compensation, if applicable). (Suggested word limit: 300 words)

3. Please enter the number of tailor and accessible messaging your organization is proposing to develop based on the neighborhood you are applying for (please refer to page 8 of the RFP to reference targets).

4. Please indicate which of the languages below your organization is proposing to produce tailored messaging in. Select all that apply.
   a. African languages
   b. American sign language
   c. Arabic
   d. Bengali
   e. Chinese (includes Cantonese, Mandarin, Formosan)
   f. English
   g. French
   h. Haitian Creole
   i. Hindi
   j. Italian
   k. Korean
   l. Polish
   m. Punjabi
   n. Russian
   o. Spanish
   p. Tagalog
   q. Urdu
   r. Yiddish
   s. Other (please specify)

5.  Please indicate which of the priority communities below your organization is proposing to serve with tailored messaging. Select all that apply.
    a.  People over the age of 65
    b.  People with disabilities
    c.  People living with chronic disease
    d.  People experiencing homelessness or unstably housed
    e.  People with mental or behavioral needs
    f.  Immigrant/undocumented populations
    g.  None

## Message Dissemination

1.  Does your organization have experience delivering tailored messages to the community?
    a.  Yes/no
    b.  If yes, please describe or provide a link to an example of a tailored message your organization has developed and delivered to the community. If no, please enter N/A. (100 words of less)

2.  Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) dissemination pathway(s), (3) strategies for message tailoring, and (4) plans for community involvement (including compensation, if applicable). (Suggested word limit: 300 words)

3.  Please enter the number of tailored digital messages your organization is proposing to develop and distribute on a weekly basis, based on the neighborhood you are applying to. (Please refer to page 8 of the RFP to reference targets.) (Please respond with a whole number)

4.  Describe estimated weekly reach (potential number of unique individuals who wills see or hear your organization's message) **and** demonstrate your organization's ability to achieve these goals (e.g. social media presence, newsletter audience, current meeting attendance). (Suggested word limit: 200 words)

5.  Please indicate which of the languages below your organization is proposing to disseminate messages in. Select all that apply.
    a.  African languages
    b.  American sign language
    c.  Arabic
    d.  Bengali
    e.  Chinese (includes Cantonese, Mandarin, Formosan)
    f.  English
    g.  French
    h.  Haitian Creole
    i.  Hindi

       j.   Italian
       k.  Korean
       l.   Polish
       m. Punjabi
       n.  Russian
       o.  Spanish
       p.  Tagalog
       q.  Urdu
       r.   Yiddish
       s.  Other (please specify)

6. Please indicate which of the priority communities below your organization is proposing to serve with message dissemination. Select all that apply.
   a. People over the age of 65
   b. People with disabilities
   c. People living with chronic disease
   d. People experiencing homelessness or unstably housed
   e. People with mental or behavioral needs
   f. Immigrant/undocumented populations
   g. None

## In-Person Engagement

1. Does your organization have experience with flyering, tabling, or other methods of distributing information via in-person engagement?
   a. If yes, please describe an example of your organization's experience with flyering, tabling, or other methods of distributing information via in-person engagement. If no, please enter N/A. (100 words of less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) dissemination pathway(s), (3) strategies for message tailoring, and (4) plans for community involvement (including compensation, if applicable). (Suggested word limit: 300 words)

3. Please enter the number of in-person engagement events your organization is proposing on a weekly basis (Please refer to page 8 of the RFP to reference targets). (Please respond with a whole number). Please respond with a whole number.

4. Describe estimated weekly reach (potential number of unique individuals who will see or hear your organization's messages) **_and_** demonstrate your organization's ability to achieve these goals (e.g. social media presence, newsletter audience, current meeting attendance). *(Suggested word limit: 200 words)*

5. Please indicate which of the languages below your organization is proposing to conduct in-person engagement in. Select all that apply.
   a. African languages
   b. American sign language
   c. Arabic
   d. Bengali
   e. Chinese (includes Cantonese, Mandarin, Formosan)
   f. English
   g. French
   h. Haitian Creole
   i. Hindi
   j. Italian
   k. Korean
   l. Polish
   m. Punjabi
   n. Russian
   o. Spanish
   p. Tagalog
   q. Urdu
   r. Yiddish
   s. Other (please specify)

6. Please indicate which of the priority communities below your organization is proposing to serve with in-person engagement. Select all that apply.
   a. People over the age of 65
   b. People with disabilities
   c. People living with chronic disease
   d. People experiencing homelessness or unstably housed
   e. People with mental or behavioral needs
   f. Immigrant/undocumented populations
   g. None

Community Conversations

1. Does your organization have experience leading community conversations?
   a. Yes/No
   b. If yes, please describe an example of your organization's experience with flyering, tabling, or other methods of distributing information via in-person engagement. If no, please enter "NA." (100 words or less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) dissemination pathway(s), (3) strategies

for message tailoring, and (4) plans for community involvement (including compensation, if applicable). (Suggested word limit: 300 words)

3. Number of in-person engagement events your organization is proposing on a weekly basis (please refer to page 8 of the RFP to reference targets). Please respond with a whole number.


4. Describe estimated weekly reach (potential number of unique individuals who will see or hear your organization's messages) and demonstrate your organization's ability to achieve these goals (e.g. social media presence, newsletter audience, current meeting attendance). (Suggested word limit: 200 words)

5. Please indicate which of the languages below your organization is proposing to conduct community conversations in. Select all that apply.
    a. African languages
    b. American sign language
    c. Arabic
    d. Bengali
    e. Chinese (includes Cantonese, Mandarin, Formosan)
    f. English
    g. French
    h. Haitian Creole
    i. Hindi
    j. Italian
    k. Korean
    l. Polish
    m. Punjabi
    n. Russian
    o. Spanish
    p. Tagalog
    q. Urdu
    r. Yiddish
    s. Other (please specify)

6. Please indicate which of the priority communities below your organization is proposing to serve with community conversations. Select all that apply.
    a. People over the age of 65
    b. People with disabilities
    c. People living with chronic disease
    d. People experiencing homelessness or unstably housed
    e. People with mental or behavioral needs
    f. Immigrant/undocumented populations
    g. None

## Navigation

1. Does your organization have experience connecting people to services/resources and helping people navigate government and healthcare services?
   a. Yes/no
   b. If yes, please describe an example of your organization's experience connecting people to services/resources and helping people navigate government and healthcare systems. If no, please enter N/A. (100 words or less)

2. Please describe your organization's proposed plan and approach, including: (1) focus populations (e.g. age, race/ethnicity, risk factors), (2) strategies for outreach/engagement, (3) plans for providing services/addressing barriers, and (4) plans for community involvement (including compensation, if applicable). *(Suggested word limit: 300 words)*

3. Please enter the number of individuals your organization is proposing to book appointments for on a one-on-one basis per week. (Please refer to page 8 of the RFP to reference targets.) (Please respond with a whole number)

4. Please indicate which of the languages below your organization is proposing to conduct navigations in. Select all that apply.
   a. African languages
   b. American sign language
   c. Arabic
   d. Bengali
   e. Chinese (includes Cantonese, Mandarin, Formosan)
   f. English
   g. French
   h. Haitian Creole
   i. Hindi
   j. Italian
   k. Korean
   l. Polish
   m. Punjabi
   n. Russian
   o. Spanish
   p. Tagalog
   q. Urdu
   r. Yiddish
   s. Other (please specify)

5. Please indicate which of the priority communities below your organization is proposing to serve with navigations. Select all that apply.
    a. People over the age of 65
    b. People with disabilities
    c. People living with chronic disease
    d. People experiencing homelessness or unstably housed
    e. People with mental or behavioral needs
    f. Immigrant/undocumented populations
    g. None

**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 B 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 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 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 |
|---|---|---|---|
| Tier 1 Neighborhoods | $170,000 | January 22, 2024 | June 30, 2024 |
| Tier 2 Neighborhoods | $236,000 | January 22, 2024 | June 30, 2024 |
| Tier 3 Neighborhoods | $282,000 | January 22, 2024 | June 30, 2024 |

Budgets should clearly demonstrate how funding will be used to implement proposed project activities and achieve all BRAVE 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 needed to complete the suggested targets based on the tiers 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. Below is a recommended Community Health Worker staffing per tier. Please note this is a recommended CHW staffing level and is not required.
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.

| Applicant Neighborhood Selection | Maximum Funding Amount | Recommended Community Health Worker Staffing |
|---|---|---|
| Tier 1 Neighborhoods | $170,000 | 2 Full Time Community Health Workers |
| Tier 2 Neighborhoods | $236,000 | 3 Full Time Community Health Workers |
| Tier 3 Neighborhoods | $282,000 | 4 Full Time Community Health Workers |

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: $

1. **Salaries**
   *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. **Fringe Benefits**
   *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.*

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.