

Attachment A: Cardiovascular Health Innovation Program (CHIP) Application

Instructions

Review the Cardiovascular Health Innovation Program (CHIP) Request for Proposals (RFP) before completing the application to ensure your organization meets all terms and conditions.

Please complete all fields in this application.

Please submit your complete application via email to procurement@fphnyc.org with the subject line: *CHIP Application* by **Friday, February 28, 2025, at 11:59 p.m.** Eastern Time. Refer to the RFP for additional instructions.

Remember, you must submit all documents for the application to be considered complete:

1. Application Form (*this form*; submit in PDF format)
2. Budget (submit in Excel format)
3. Applicant's IRS Form W-9 (submit in PDF format)
4. Audited financial statements for the Applicant's most recent fiscal year (submit in PDF format)
5. OPTIONAL. Letters of Support (submit as a PDF document)

Section A: General Information

Applicant Legal Name:

Business Name (DBA), if applicable:

Executive Director/Chief Executive Officer:

Address:

City, State & Zip Code:

Phone:

Email:

Year Established:

Annual Operating Budget (current fiscal year):

Federal Employer ID (EIN):

Unique entity identifier:

Contact #1 (may be the same as person listed above)

Name:

Title:

Phone:

Email:

Contact #2 (optional)

Name:

Title:

Phone:

Email:

Section B: Eligibility Questionnaire

Instructions: Please respond to the following questions to demonstrate your organization's eligibility for the Cardiovascular Health Innovation Program (CHIP).

1. Is your organization tax-exempt under Section 501(c)(3) of the Internal Revenue Code? Selected organization will be required to provide proof of nonprofit status prior to contract execution.

Yes No

2. Is your organization in good standing at the federal, state, and local levels?

Yes No

3. Is your organization and/or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from participation in, or otherwise sanctioned by, Medicare, Medicaid or any other federal, state or local health care program, as applicable (“Exclusion”), or otherwise barred (“Debarment”) or suspended (“Suspension”) from being a government contractor or subcontractor by any unit of the federal, state, or local government.

Yes No

4. Please specify the neighborhoods where your organization has a programmatic presence and a strong referral/linkage network. Check all that apply:

<input type="checkbox"/>	BX01 – Melrose-Mott Haven-Port Morris
<input type="checkbox"/>	BX03 – Morrisania-Crotona Park East
<input type="checkbox"/>	BX04 – Highbridge-Concourse
<input type="checkbox"/>	BX05 – Morris Heights-Mount Hope
<input type="checkbox"/>	BX06 – Tremont-Belmont-West Farms
<input type="checkbox"/>	BX09 – Soundview-Parkchester
<input type="checkbox"/>	BX12 – Wakefield-Williamsbridge

5. Does your organization have an established staff of Community Health Workers (CHWs) and existing infrastructure and capacity to provide effective outreach to the targeted communities?

Yes No

Number of full-time and/or part-time CHWs currently on staff _____

6. Please describe your organization’s experience within the past five years providing the services below.

Service Areas	Brief Description of Experience	Years of Experience within past 5 years
Health education/coaching services in communities impacted by health disparities. Greater consideration will be given to applicants with experience providing these		

services within the identified key Bronx neighborhoods.		
Facilitating 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.		

Section C: Application (85 points)

Please answer all the questions below. Word limits are in place to give you an estimate of how much content to include for the reviewers.

Organizational Capacity and Experience (50 points)

1. Provide a brief overview of your organization, including history, mission, services, and major programming. (up to 150 words)
2. Describe your organization's understanding and experience working within the target communities. (up to 150 words)
3. Describe the organization's current health education/coaching programs and how the Cardiovascular Health Innovation Program (CHIP) can build upon the existing structure to avoid duplicate efforts. (up to 200 words)
4. Describe your organization's current partnerships and referral/linkage network with healthcare providers, social services, and community organizations to ensure coordinated care and resource sharing. (up to 200 words)
5. Describe how your organization will track and collect the data required for monthly reporting to the Health Department. Describe how you will ensure data is reported in a timely fashion. Detail the safeguards, including training, that will be implemented to ensure confidentiality of client information. (up to 200 words)
6. Describe your organization's history of successfully managing federal, state, and private grants and contracts. (up to 200 words)

Program Approach (35 points)

1. Demonstrate your organization's capacity to organize and conduct a community outreach campaign, including providing health education, screening and referrals for the targeted communities. (up to 200 words)
2. Describe your staffing plan for this project. Please list the requirements, such as education, experience, skills, and/or capabilities, that CHWs must meet during the hiring process. Please also detail any training provided for new and existing CHW staff either internally or through external providers. If CHWs have not completed Core Competency Training, please describe your plans for providing training within 4 weeks of the contract start date. (up to 200 words)
3. Describe how your organization will ensure that strategies and services are culturally and linguistically appropriate for the targeted communities. (up to 200 words)
4. Please describe the outreach strategies you propose for the following: (1) to engage local businesses and enroll them as "Champions of Health"; and (2) to engage clients for education, screening, and referrals. Include any specific activities or incentives you propose to use to encourage participation. (up to 300 words)