

# Request for Applications

Issued by  
Public Health Solutions

On behalf of  
New York City Department of Health and Mental Hygiene  
Bureau of HIV/AIDS Prevention and Control

## **BHIV Microgrant Funding Opportunity**

[Solicitation # 2018.10.HIV.06.01]

**Issue Date: October 30, 2018**

**Applications Due Date: November 28, 2018**

RFA Contact: Mayna Gipson, Public Health Solutions

RFA Email: [MicrograntsRFA@healthsolutions.org](mailto:MicrograntsRFA@healthsolutions.org)

For a copy of this Request for Applications, please go to:  
<https://www.healthsolutions.org/get-funding/request-for-proposals>

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## RFA Timetable

The following are important dates and deadlines pertaining to the issuance of this Request for Applications (RFA).

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### RFA Issue Date

**October 30, 2018**

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### Deadline for Written Inquiries

**November 7, 2018, 5:00pm EST**

Questions about eligibility, proposal requirements or other requests for clarification about information in this RFA must be submitted via email to [MicrograntsRFA@healthsolutions.org](mailto:MicrograntsRFA@healthsolutions.org) no later than **5:00pm on November 7, 2018**.

Responses to questions submitted via email, may be addressed in a supplement to the RFA. The Supplement will be posted on Public Health Solutions' website, <https://www.healthsolutions.org/get-funding/request-for-proposals/>

An email notification will be sent to all individuals that have registered on Public Health Solutions' RFP website and download this RFA and/or submitted questions via the RFA email. Please note that not all written inquiries will receive written responses. *NYC DOHMH and Public Health Solutions reserve the right not to respond to questions received after **November 7, 2018**.*

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### Applications Due Date

**November 28, 2018, 2:00pm EST**

*NOTE: Please see Application Submission Instructions on page 18 of this RFA. To ensure that you have a working portal login, and to familiarize yourself with Public Health Solutions' CAMS Contracting Portal's Proposal Upload area, you should create and test the portal login at least one week before the application submission deadline.*

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### Projected Award Notification Date

**Mid-December 2018**

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### Anticipated Contract Start Date

**January 1, 2019**

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### RFA Contact

The RFA Contact is Mayna Gipson and the RFA email is [MicrograntsRFA@healthsolutions.org](mailto:MicrograntsRFA@healthsolutions.org). All inquiries concerning this RFA, from the date of issuance until the prequalification notifications are made, must be directed via email to the RFA Contact. Applicants are advised that no contact related to this RFA is permitted with any other staff of Public Health Solutions or NYC DOHMH.

## General Information

### Purpose of RFA

The mission of the Bureau of HIV/AIDS Prevention and Control (BHIV) in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is to reduce the incidence of HIV infections in NYC and improve the health of residents living with HIV. This mission aligns with the [New York State \(NYS\) Blueprint to End the Epidemic \(EtE\)](#) which aims to decrease new HIV infections to below 750 in NYS and 600 in NYC by 2020, and with the NYC EtE Strategy as well. This reduction stands to move these jurisdictions from a history of having the worst HIV epidemic in the country to a future where new infections are rare and those living with the disease have normal lifespans with few complications.

Microfinancing is a model that has been used in the business sector to stimulate economic growth by providing small loans to local communities to improve access to basic social, health and family planning services.<sup>1,2</sup> Similarly, microgrants can mobilize community-based organizations (CBOs) to leverage their expertise in providing and building essential services in the community.<sup>3,4</sup> Supporting CBOs through microgrants in public health has been shown to foster meaningful collaborations between various stakeholders, support the development of local leadership, and provide useful resources to communities to collectively address the health needs of the local context.<sup>2,3,4,5</sup>

Through this Request for Applications (RFA) for Microgrant Funding Opportunity, NYC grassroots<sup>6</sup> CBOs will lead the innovative development, implementation, and support of local and priority population-focused HIV prevention related activities, as outlined on page 10, to further progress towards ending the epidemic and improving health equity in our jurisdiction.

### General Applicant Eligibility Requirements

All organizations applying to this RFA for Microgrant Funding Opportunity must meet the organizational eligibility requirements described below.

#### Organizational Eligibility

This RFA is intended to solicit applications from not-for-profit NYC grassroots organizations with experience conducting HIV prevention related activities and working with priority populations. The general organizational eligibility requirements are as follow:

1. Legal incorporation by the State of New York as a not-for-profit corporation;
2. Federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code or have identified a 501(c)(3) entity to serve as a fiscal conduit for these funds. *Applicants who propose to use a fiscal conduit must submit a Memorandum of Understanding (MOU) signed by the applicant and the proposed fiscal conduit. Applicants must also budget the appropriate compensation for fiscal conduits in their proposed budget;*

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<sup>1</sup> Hartwig, K.A., Bobbitt-Cooke, M., Zaharek, M.M., Nappi, S., Wykoff, R.F., Katz, D.L. (2006). The Value of Microgrants for Community-Based Promotion: Two Models for Practice and Policy. *The Journal of Public Health Management Practice*, 12(1) 90-96.

<sup>2</sup> Johnson, H.H., Bobbitt-Cooke, M., Schwarz, M., & White, D. (2006). Creative Partnerships for Community Health Improvement: A Qualitative Evaluation of the Healthy Carolinians Community Micro-Grant Project. *Evaluation and Practice*, 7, 162-169.

<sup>3</sup> Caperchione, C., Mummery, W.K., & Joyner, K. (2010). WALK Community Grants Scheme: Lessons Learned in Developing and Administering a Health Promotion Microgrants Program. *Health Promotion Practice*, 11, 637-644.

<sup>4</sup> Ramanathan, S., White, L.,...Faulkner, G. (2018). The Utility of Physical Activity Micro-Grants: The ParticipACTION Teen Challenge Program. *Health Promotion Practice*, 19: 246-255.

<sup>5</sup> Foster-Fishman, P.G., Fitzgerald, K., Brandell, C., Nowell, B., Chavis, D., Van Egeren, L.A. (2006). Mobilizing Residents for Action: The Role of Small Wins and Strategic Supports. *American Journal of Psychology*, 38: 143-152.

<sup>6</sup> Grassroots is defined as those CBOs with limited staffing and resources, a workforce comprised primarily of volunteers from the population served, and with both organizational administration and service provision located in high burden neighborhoods

3. Have an organizational annual operating budget of less than or equal to \$1 million in 2017 or 2018.
4. Currently operate in New York City.

**NOTE:** As the intent of this RFA is to provide funding support to grassroots organizations, preference will be given to CBOs that have an annual operating budget of less than or equal to \$500,000. In addition, preference will be given to CBOs that have executive leadership (i.e., those that are responsible for organizational-level decision-making) that are representative of New York City’s priority populations (as listed on page 7). For-profit organizations are not eligible for funding through this RFA.

**Available Funding**

Awards will range from \$3,000 - \$50,000 per award. To ensure adequate geographic distribution of services across NYC neighborhoods, adequate distribution of services to a variety of priority populations (as listed on page 7), and adequate distribution of funds across each activity type and theme (as listed on pages 8-10), final award amounts may be less than requested, and awards may be funded out of rank order. Applicants will apply to fund **one** type of selected activity type (see activity types on page 10). Applicants must select **one** theme (see theme descriptions on pages 8-9) in which to frame their selected activity type. Only one application per CBO will be considered.

Funding	Total Available Funding	Approximate Funding Ranges	Anticipated # of Awards
Microgrants Funding Opportunity	\$120,000	\$3,000 - \$50,000	2-40

**Contract Term**

Contracts are expected to begin on January 1, 2019. Contract term will be 12 months.

Funding for all contracts is contingent upon the availability of funds, satisfactory contractor performance, and continued compliance with all other terms and conditions of the award and agreement.

**Geographic and Demographic Priority**

All efforts will be made to ensure adequate distribution of awards across the priority populations listed on page 7 and geographic distribution across NYC neighborhoods.

*In addition, preference will be given to CBOs who are located in a High Priority Area ZIP code neighborhood. High Priority Area neighborhoods are defined as having a high HIV prevalence, a high number and proportion of concurrent HIV/AIDS diagnoses, a high number and population-based rate of new diagnoses, or a high age adjusted death rate among people living with HIV during the period from 2011 to 2016. Previous analyses have demonstrated that HIV diagnoses and prevalence are more likely to overlap with areas of poverty, health disparities, and poor health outcomes.*

**Table 1: High Priority Area ZIP Codes (data from 2011-2016)**

<b>Borough</b>	<b>Neighborhood</b>	<b>ZIP Codes</b>
Bronx	Crotona - Tremont	10453*, 10457*, 10460*
	Fordham – Bronx Park	10458, 10467
	High Bridge - Morrisania	10451*, 10452*, 10456*
	Hunts Point – Mott Haven	10454*, 10455*, 10459*, 10474*
	Kingsbridge - Riverdale	10463
	Northeast Bronx	10466
	Pelham – Throgs Neck	10462
Brooklyn	Bedford Stuyvesant – Crown Heights	11212*, 11213*, 11216*, 11233*
	Bensonhurst - Bay Ridge	11214
	Canarsie - Flatlands	11234, 11236
	Coney Island – Sheepshead Bay	11224
	Downtown - Heights - Park Slop	11205, 11217
	East Flatbush - Flatbush	11226
	East New York	11207*, 11208*
	Williamsburg - Bushwick	11206*, 11221*, 11237*
Manhattan	Central Harlem – Morningside Heights	10026*, 10027*, 10030*, 10037*, 10039*
	Chelsea - Clinton	10001, 10011, 10018, 10019, 10036
	East Harlem	10029*, 10035*
	Gramercy Park - Murray Hill	10016
	Greenwich Village - Soho	10014
	Union Square – Lower East Side	10002
	Upper East Side	10044
	Upper West Side	10023, 10025
	Washington Heights - Inwood	10031, 10032
	Queens	Flushing - Clearview
Jamaica		11432, 11433, 11434, 11435
Long Island City - Astoria		11101, 11103, 11106
Ridgewood – Forest Hills		11385
Rockaway		11691, 11692, 11694
Southeast Queens		11413, 11429
Southwest Queens		11417, 11419
West Queens		11368, 11370, 11372, 11373, 11377
Staten Island	Port Richmond	10303
	Stapleton – St. George	10301, 10304

*\*ZIP Codes served by the New York City District Public Health Office (DPHO)*

## Priority Populations

BHIV recognizes that persons may have multiple, intersecting identities and, therefore, the categories listed below are neither mutually exclusive nor exhaustive. Applicants are expected to primarily focus their microgrant-funded activities towards the 1-2 priority populations they identify. Applicants are not limited to the categories of populations listed below and are welcome to propose additional groups or sub-populations. Examples of potential priority populations and sub-populations may include, but are not limited to:

1. Gay, bisexual and other men who have sex with men (MSM), especially
  - Those who are Latino and Black
  - Those under the age of 29
2. Transgender and gender nonconforming (TGNC) persons and their partners, especially
  - Those who are Latino/Latina and Black
  - Those under the age of 29
  - Transgender women who have sex with cisgender men
3. Heterosexual women of color, especially
  - Those living in high HIV and STI prevalence neighborhoods
4. Other vulnerable populations including, but not limited to persons who:
  - Exchange sex for money, drugs, food or housing
  - Use methamphetamine or crack cocaine in sexual contexts
  - Were born outside of the United States
  - Inject drugs
  - Have known HIV-positive partners
  - Are living in poverty or have limited access to healthcare
  - Have experienced intimate partner violence

## Summary of Funded Services

### A. Background and Description

To build upon BHIV's mission and existing programs, as well as state and local EtE plans, BHIV wishes to support community-led activities aligned with the following three themes:

#### 1. Building Resilience

- One definition of resilience is the individuals' capacity, combined with families' and communities' resources, to overcome serious threats to development and health.<sup>7</sup> In recent years, the concept of resilience has been used to create a framework and model for communities most impacted by stigma to protect against a myriad of social stressors.<sup>8,9</sup> Some key stigmas include those based on a person's race, ethnicity, gender, and sexual identity.<sup>10</sup> Programs that focus on resilience take a strengths-based approach to health interventions such as building social support, promoting positive identity development and encouraging education.<sup>9,11</sup> It is critical that HIV prevention programs consider all related stigmas that affect people's ability and desire to access services, and leverage their resilience and social support networks to help address their needs.<sup>9</sup>

#### 2. Promoting Sexual Health as the Essential Ingredient in HIV Prevention

- The World Health Organization (WHO) defines sexual health as:  
A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all person must be respected, protected and fulfilled.<sup>12</sup>

It has long been known that promoting sexual health not only has implications for disease control and prevention efforts, but has the ability to greatly impact multiple dimensions of life; especially if every aspect of the definition above is realized.<sup>13</sup> There is a long and unfortunate legacy of HIV prevention programs promoting risk-based and disease-focused messaging instead of sexual health messages that focus on pleasure and well-being and recognize a multitude of sexualities and desires.<sup>14</sup> In recent years, there has been an active call to adopt and promote more sex positive frameworks that focus on sexual wellness; positive and respectful relationships, and integrating pleasure into HIV prevention

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<sup>7</sup> Earnshaw, V.A., Bogart, L.M., Dovidio, J.F., Williams, F.R. (2013). Stigma and Racial/Ethnic HIV Disparities: Moving Toward Resilience. *American Psychologist*, 68, 225-236.

<sup>8</sup> Herrick, A.L., Stall, R., Goldhammer, H., Egan, J.E., & Mayer K.H. (2014). Resilience as a Research Framework and as a Cornerstone of Prevention Research for Gay and Bisexual Men: Theory and Evidence. *AIDS and Behavior*, 18, 1-9.

<sup>9</sup> Hussen, S.A., Harper, G.W., Rodgers, C.R.R., van den Berg, J.J., Dowshen, N., & Hightow-Weidman, L.B. (2017). Cognitive and Behavioral Resilience Among Young Gay and Bisexual Men Living with HIV. *LGBT Health*, 4, 275-282.

<sup>10</sup> Arnold, E.A., Rebchook, G.M., Kegeles, S.M. (2014). "Triply cursed": Racism, homophobia, and HIV-related stigma are barriers to regular HIV testing, treatment adherence, and disclosure among young Black gay men. *Culture Health & Sexuality*, 16, 710-722.

<sup>11</sup> Herrick, A.L., Lim, S.H., Wei, C., Smith, H., Guadamuz, T., Friedman, M.S., & Stall, R. (2011). Resilience as an Untapped Resource in Behavioral Intervention Design for Gay Men. *AIDS and Behavior*, 15, 25-29.

<sup>12</sup> The World Health Organization. (2002). Sexual and reproductive health. Retrieved from [http://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)

<sup>13</sup> Douglas, J.M., & Fenton, K.A. (2013). Understanding Sexual Health and Its Role in More Effective Prevention Programs. *Public Health Reports*, 128, 1-4.

programming as it has been shown to support safer sex practices.<sup>14,15</sup> For these reasons, it is advantageous to leverage existing work in implementing the sexual health definition above and supporting its scale-up and normalization among communities and its sustained integration within organizations.

### 3. Visions for the Future: Developing Leaders Within the Community

- Developing, recruiting and retaining a cadre of professionals who identify as members of the priority populations to lead the next era of HIV prevention and treatment initiatives is vital to ensure that the overall HIV response is community-centered. Since the early 2000s, investment in leadership development in HIV/AIDS among global programs has been recognized as a critically important and effective endeavor to ensure lasting efforts in HIV prevention and treatment.<sup>16</sup> As the HIV landscape evolves, particularly in NYC, maintaining strong community-driven leadership is imperative to sustaining the current successes in HIV prevention, to developing new innovations and partnerships, and to closing the health equity gap and decreasing disparities in the future. Funding under this theme supports professional development of members of priority populations for executive and senior management positions and/or development of grassroots organizations led by members of priority populations.

Through this RFA for Microgrant Funding Opportunity, NYC grassroots CBOs will lead the development, implementation, and support of innovative, local and priority population-focused HIV prevention related activities aligned with any of these three themes to best serve NYC's priority populations.

## **B. Program Goals and Objectives**

The goals of this RFA for Microgrant Funding Opportunity are:

1. Provide funding support to NYC grassroots CBOs for the development and implementation of innovative, local HIV prevention related activities serving NYC's priority populations, including special projects or events.
2. Continue to build organizational capacity of NYC grassroots CBOs to expand and support their organization's infrastructure and services, thus allowing for future growth and CBOs to successfully compete for future funding opportunities.

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<sup>14</sup> Satcher, D., Hook III, E.W., & Coleman, E. (2015). Sexual Health in America: Improving Patient Care and Public Health: Viewpoint. *The Journal of American Medical Association*, 314, 765-766.

<sup>15</sup> Philpott, A., Knerr, W., & Boydell, V. (2006). Pleasure and Prevention: When Good Sex is Safe Sex. *Reproductive Health Matters*, 14, 23-31.

<sup>16</sup> Szekeres, G., Coates, T.J., & Ehrhardt, A.A. (2008). Leadership development and HIV/AIDS. *AIDS*, 22, 1-11.

**C. Program Requirements**

1. Develop and implement an activity by selecting one of the themes above (on pages 8-9) **AND** selecting one of the activity types below (Table 2). Table 2 includes examples of activities for each activity type; this is **not** an exhaustive list, and applicants are welcome to propose their own creative/innovative activity that fits within an activity type. Applicants must ensure that the proposed activity also fits within the definition of one of the aforementioned themes (on pages 8-9); however, those selecting the activity type “Organizational Capacity Building”, are NOT required to select a theme in which to frame their activity.

**Table 2: Types of Funded Activity Types**

Activity Types	Examples of Activities*
Special Projects: <i>This activity type must be framed within the definition of one of the 3 themes (see pages 8-9).</i>	<ul style="list-style-type: none"> <li>○ Development/support of a media campaign (e.g., print ad campaign, social media campaign)</li> <li>○ Development/support of support groups and therapy groups</li> <li>○ Development/support of training and workshop curricula</li> <li>○ Development/support of an innovative outreach project that engages with the applicant’s identified priority populations</li> </ul>
Special Events: <i>This activity type must be framed within the definition of one of the 3 themes (see pages 8-9).</i>	<ul style="list-style-type: none"> <li>○ Development/implementation of a summit, conference, festival, health fair, and workshop</li> <li>○ Development/implementation of a film screening and art exhibit</li> <li>○ Development/implementation of a panel discussion, community engagement event, and networking meetings</li> </ul>
Organizational Capacity Building: <i>This activity type does NOT require a theme in which to frame the activity.</i>	<ul style="list-style-type: none"> <li>○ Support for attendance at local administrative, financial and human resources trainings that would strengthen the applicant CBO’s infrastructure (i.e., trainings related to business planning, grant writing, program development, marketing, board development, programmatic evaluation, program policy development)</li> <li>○ Support for hiring consultants such as coaches and technical assistance experts</li> <li>○ Support for development of community advisory boards</li> </ul>

\*Microgrant funds may **not** be used for:

- The purchase of substantial office equipment, incentives, and medications;
  - The hiring of or salary support for permanent CBO staff; and
  - Conducting or supporting lobbying activities.
2. Deliver all services in a culturally responsive and sensitive manner, taking low health literacy into account, following [the National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).
  3. Add and maintain updated information for awarded agencies in the [New York Knows Directory](#), including but not limited to, key contact information such as name and telephone number, services offered, and locations.
  4. Participate in BHIV-led microgrant funding evaluation activities, such as a survey and/or interviews, as applicable.

## D. Staffing Requirements

Organizations will be required to appoint and maintain a Project Leader for the proposed activity, who will champion the activity within the organization and serve as the primary contact with BHIV and Public Health Solutions (PHS). The Project Leader will be required to keep in regular contact with BHIV and PHS through face-to-face meetings, email, or conference calls, attend all-grantee calls and meetings, and meet reporting requirements.

*As the intent of this RFA is to provide funding to grassroots organizations who are uniquely qualified to reach priority populations, preference will be given to CBOs who have executive leadership (i.e., those that are responsible for organizational-level decision-making) that are representative of New York City's priority populations (as listed on page 7).*

## E. Reporting Requirements

Awarded CBOs must comply with all NYC DOHMH and PHS data and program reporting requirements relevant to the Microgrants Funding Opportunity.

1. Funded CBOs will be required to submit a simple, finalized work plan and budget, as part of the contract documents prior to the start date, using a template provided by BHIV. The work plan will contain two applicant-specified time points for:
  - a. Start-up period
  - b. Activity implementation
2. Funded CBOs will be required to submit 1 report after final activity completion, using a template provided by BHIV. The report will describe items such as highlights, accomplishments, challenges, and barriers encountered during implementation of the activity. Funded organizations will be monitored on their ability to achieve the objectives indicated on the applicant's proposal.
3. Funded CBOs will attend and present their accomplishments through a poster or oral presentation at an all-grantee meeting at the end of the contract year.

## F. Reimbursement

Funded CBOs will receive 100% of their budget upon submission, and approval, of the finalized work plan and budget and execution of their contract. The report (see Section E2 above) must be submitted to BHIV and awardees must attend the end-of-year all-grantee meeting (as explained in Reporting Requirements Section E3 above) as a part of their contractual obligations. Failure to fulfill the awarded Microgrant contractual obligations may affect any future Microgrant Funding Opportunity for the next year.

## G. Proposal Narrative and Evaluation Criteria

If you are applying to fund a **Special Project** or **Special Event** activity type, please provide the information below by completing the *Proposal Narrative #1 for Special Project or Special Event*. If you are applying to fund an **Organizational Capacity Building** activity type, please provide the information below by completing the *Proposal Narrative #2 for Organizational Capacity Building Activity*.

**Proposal Narrative #1 for Special Project or Special Event**

- Your response must adhere to the maximum word count stated for each question in each section. Any text exceeding the specified word limit will not be reviewed.
- Applicants will apply to fund **one** type of selected activity type (see activity types on page 10).
- Applicants must select **one** theme (see theme descriptions on pages 8-9) in which to frame their selected activity type.
- Only one application per CBO will be considered.

**Section 1 – Organization Summary (10 points total)**

Question	Applicant Response
1. <i>In 150 words or less</i> , describe your CBO’s mission and services. (3 points)	
2. <i>In 250 words or less</i> , describe your CBO’s experience working with the selected priority population <b>and</b> in the selected geographic location. (7 points)  <i>Please refer to Attachment A – Organization and Program Information Summary to select priority populations and geographic locations.</i>	

**Section 2 – Program Narrative (60 points total)**

Question	Applicant Response
3. <i>In 500 words or less</i> , describe your CBO’s proposed activity <b>and</b> explain how your organization will implement it. (15 points)	
4. <i>In 150 words or less</i> , list the objectives (using the SMART method) of the proposed activity. (What do you expect to achieve with the activity?) (5 points)  <i>SMART stands for Specific, Measurable, Achievable, Realistic, and Time-phased. Please click <a href="#">here</a> for a resource on developing SMART objectives.</i>	
5. <i>In 150 words or less</i> , describe how the objectives and proposed activity are related to the selected theme. (10 points)	
6. <i>In 150 words or less</i> , describe why the proposed activity is needed in the selected geographic location and/or among the selected priority population. (15 points)	
7. <i>In 150 words or less</i> , describe how the proposed activity will be developed and implemented in a culturally, linguistically, and educationally appropriate manner that meets the needs of the priority populations, especially communities of color and LGBTQ clients and follows CLAS standards. (5 points)	

8. <i>In 250 words or less</i> , describe how your CBO will know if the objectives mentioned above will be met? <i>(10 points)</i>	
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**Section 3 – Organizational Experience (15 points total)**

Question	Applicant Response
9. <i>In 250 words or less</i> , describe how your CBO’s experience makes you uniquely qualified to implement the proposed activity. <i>(10 points)</i>	
10. <i>In 250 words or less</i> , describe your CBO’s experience in implementing a similar activity. If your CBO has not implemented a similar activity, describe how your CBO plans to ensure that the activity will be completed. <i>(5 points)</i>	

**Section 4 – Work Plan/Timeline (15 points total)**

Complete a simple work plan/timeline (using the table provided below) listing each milestone that will be achieved specific to the proposed activity. A milestone is defined as a task that will be completed (e.g., book a venue, develop flyer, and advertise for event).

*NOTE: All applicants must complete this section. Assume a January 1, 2019 start date. There must be milestones in each time period.*

Table 3: Work Plan for Special Project or Special Event (Theme)

Start-Up Period			
Milestones	Staff Responsible	Projected Start Date of Milestone	Projected Completion Date of Milestone
Activity Implementation			
Milestones	Staff Responsible	Projected Start Date of Milestone	Projected Completion Date of Milestone

**Section 5 – Program Budget (excluded from Proposal Narrative word count limit and not scored)**

Proposed 12-month Budget –Submit a budget using the Budget Template provided (download from the PHS RFP webpage). The budget amount should not exceed the proposed amount for a 12-month period. The proposed Budget should delineate all the anticipated costs of the program.

**Attachment A - Organization and Program Information Summary (excluded from Proposal Narrative word count limit)**

1. Complete Attachment A – Organization and Program Information Summary by providing the information requested for each item on all tabs/worksheets of the Excel spreadsheet. *Note: Attachment A – Organization and Program Information Summary is available for download with the RFA and required for submission.*
2. As the intent of this RFA is to provide funding support to grassroots organizations, preference will be given to CBOs:
  - (a) that have an annual operating budget of less than or equal to \$500,000;

- (b) that have executive leadership (i.e., those that are responsible for organizational-level decision-making) that are representative of New York City's priority populations (as listed on page 7); and/or
  - (c) who are located in a High Priority Area ZIP code neighborhood.
3. Each preference qualification met (as indicated from information provided in Attachment A) will receive up to 10 additional points, for a maximum total of 30 additional points.

**Proposal Narrative #2 for Organizational Capacity Building Activity**

- Your response must adhere to the maximum word count stated for each question in each section. Any text exceeding the specified word limit will not be reviewed.
- Applicants will apply to fund **one** type of selected activity type (see activity types on page 10).
- Only one application per CBO will be considered.

**Section 1 – Organization Summary for Organizational Capacity Building Activity (15 points total)**

Question	Applicant Response
1. <i>In 150 words or less</i> , describe your CBO’s mission and services. (10 points)	
2. <i>In 150 words or less</i> , describe your CBO’s current workforce and leadership. (5 points)	

**Section 2 – Program Narrative for Organizational Capacity Building Activity (50 points total)**

Question	Applicant Response
3. <i>In 500 words or less</i> , describe your CBO’s proposed organizational capacity building activity <b>and</b> explain how your organization will implement it. (20 points)  <i>This activity type does NOT require a theme in which to frame the activity. However, if you selected a theme in which to frame your activity, please explain how the activity is related to the theme.</i>	
4. <i>In 150 words or less</i> , list the objectives (using the SMART method) of the proposed organizational capacity building activity. (What do you expect to achieve with the activity?) (10 points)  <i>SMART stands for Specific, Measurable, Achievable, Realistic, and Time-phased. Please click <a href="#">here</a> for a resource on developing SMART objectives.</i>	
5. <i>In 150 words or less</i> , describe how the organizational capacity building activity will address a gap in services or needs at your CBO. (5 points)	
6. <i>In 250 words or less</i> , describe how your CBO will know if the objectives mentioned above will be met? (15 points)	

**Section 3 – Organizational Experience for Organizational Capacity Building Activity (20 points total)**

Question	Applicant Response
7. <i>In 250 words or less</i> , describe your CBO’s need for the proposed activity. (10 points)	

8. *In 250 words or less*, describe any previous organizational capacity building activities that your CBO has participated in the past 3-5 years. If your CBO has never participated in an organizational capacity building activity, please describe how your CBO will ensure that the capacity building activity will enhance the CBO’s work. *(10 points)*

**Section 4 – Work Plan/Timeline** *(15 points total)*

Complete a simple work plan/timeline (using the table provided below) listing each milestone that will be achieved. A milestone is defined as a task that will be completed (e.g., book a venue, develop flyer, and advertise for event).

*NOTE: All applicants must complete this section. Assume a January 1, 2019 start date. There must be milestones in each time period.*

*Table 4: Work Plan for Organizational Capacity Building Activity*

<b>Start-Up Period</b>			
<b>Milestones</b>	<b>Staff Responsible</b>	<b>Projected Start Date of Milestone</b>	<b>Projected Completion Date of Milestone</b>
<b>Activity Implementation</b>			
<b>Milestones</b>	<b>Staff Responsible</b>	<b>Projected Start Date of Milestone</b>	<b>Projected Completion Date of Milestone</b>

**Section 5 – Program Budget** *(excluded from Proposal Narrative word count limit and not scored)*

Proposed 12-month Budget –Submit a budget using the Budget Template provided *(download from the PHS RFP webpage)*. The budget amount should not exceed the proposed amount for a 12-month period. The proposed Budget should delineate all the anticipated costs of the program.

**Attachment A - Organization and Program Information Summary** *(excluded from Proposal Narrative word count limit)*

1. Complete Attachment A – Organization and Program Information Summary by providing the information requested for each item on all tabs/worksheets of the Excel spreadsheet. *Note: Attachment A – Organization and Program Information Summary is available for download with the RFA and required for submission.*
2. As the intent of this RFA is to provide funding support to grassroots organizations, preference will be given to CBOs:
  - (a) that have an annual operating budget of less than or equal to \$500,000;
  - (b) that have executive leadership (i.e., those that are responsible for organizational-level decision-making) that are representative of New York City’s priority populations (as listed on page 7); and/or
  - (c) who are located in a High Priority Area ZIP code neighborhood.

3. Each preference qualification met (as indicated from information provided in Attachment A) will receive up to 10 additional points, for a maximum total of 30 additional points.

## Application Submission Instructions

The deadline for submitting the Microgrant Funding Opportunity Application is **November 28, 2018, 2:00pm EST**. A complete application consists of all requested documents on the Application Checklist.

### Uploading Application to CAMS Contracting Portal

One electronic copy of the Required Components of the Complete Application and one set of all the Required Administrative Documents identified on the Application Checklist must be uploaded to the CAMS Contracting Portal on the PHS website at <https://mer.healthsolutions.org> by the application submission deadline. *You do **NOT** need to submit a hard-copy or submit via email. Use of the Contracting Portal is **REQUIRED**. Applications sent by hard copy or email will **NOT** be considered as submitted.*

The current CAMS Contracting Portal <https://mer.healthsolutions.org> has been used by contractors for reporting expenditure (eMER) and/or narrative (ePNR) data. The same Contracting Portal will be used for uploading applications for this RFA. In order to use the Contracting Portal to upload an application, you must have a current login.

- If you have been named on a Contractor Contact Verification Form (CCVF) as an official contact for an existing contract with PHS CAMS, then you already have a login on the CAMS Contracting Portal. If you do not know what your login is, please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org)
- If you have not been named on a CCVF as an official contact for an existing contract, then a new login will need to be created for you. Please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org) to request a login.
- All login request emails should include the following:
  - First and last name of the proposal submitter
  - Title of proposal submitter
  - Full legal name of the applicant organization
  - Employer Identification Number (EIN) of applicant organization
  - RFA title should be on the subject line of the email

***Note that only one proposer submitter can be created for an applicant organization.***

Please be aware that uploading an application may involve multiple files representing different required documents. Please allow sufficient time for checking that you have included all necessary digital file attachments. *Please ensure that you have a working login and familiarize yourself with the CAMS Contracting Portal's Proposal Upload area, at least one week before the application submission deadline.*

***Note that applications received after the submission deadline may be disqualified from funding consideration.***

*It is the responsibility of the applicant to ensure delivery of the application to Public Health Solutions via the CAMS Contracting Portal by the submission deadline. A confirmation of receipt of the required submission (via upload) will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the application submission and is **not** a confirmation that the application submission is complete or responsive.*

***For all other things, please email the RFA Contact at [MicrograntsRFA@healthsolutions.org](mailto:MicrograntsRFA@healthsolutions.org)***

### Required Components of a Complete Application

1. Application Checklist – signed and dated by the CEO/Executive Director/President
2. Organization Information Cover Sheet (*must be submitted in MS Word*)
3. Proposal Narrative #1 for Special Project or Special Event **OR** Proposal Narrative #2 for Organizational Capacity Building Activity
4. Attachment A – Organization and Program Information Summary (*must be submitted in MS Excel*)
5. Budget including budget justification (*must be submitted in MS Excel*) [*NOTE: If applicant is proposing to use a fiscal conduit, applicant must also budget the appropriate compensation for the fiscal conduit in their proposed budget.*]
6. If any, Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with collaborative partner organization(s) [*NOTE: If applicant is proposing to use a fiscal conduit, applicant must submit a Memorandum of Understanding (MOU) signed by the applicant and the proposed fiscal conduit.*]

**Applications missing the Proposal Narrative and/or Budget may be deemed non-responsive and ineligible.**

### Required Administrative Documents

In addition to the Required Components of the Complete Application, one set of the following Required Administrative Documents must be submitted with the Complete Application:

1. Internal Revenue Service (IRS) 501(c)(3) Determination Letter [*NOTE: If applicant is proposing to use a fiscal conduit, applicant must submit the proposed fiscal conduit's IRS 501(c)(3) Determination Letter.*]
2. New York State Certificate of Incorporation (full copy, including any amendments)
3. Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors (*see sample statement provided*)

The following required forms must be download from the Public Health Solutions RFP website, <https://www.healthsolutions.org/get-funding/request-for-proposals/> :

1. Application Checklist
2. Organization Information Cover Page
3. Proposal Narrative #1 for Special Project or Special Event OR Proposal Narrative #2 for Organizational Capacity Building Activity
4. Attachment A – Organization and Program Information Summary
5. Budget Form
6. Board of Directors' Statement Sample

### **Application Format Requirements**

Applicants are expected to adhere to the following formatting requirements.

- Each document of the application should be titled using the following naming convention: **Applicant Name\_Document Title (as listed in RFA)\_MGRFA\_Date.**
- Documents should be submitted in the format specified in the RFA (*i.e. Organization Information Cover Sheet in MS Word; etc.*).
- Minimum font size is Times New Roman 12-point with the exception of any required tables and any included supportive charts, which may use a font no smaller than 10-point.
- Each page of the application, including attachments, should be consecutively numbered.
- Each page of the application should include as a header or footer the name of the organization submitting the application.

## **Application Review and Selection Process**

### **Evaluation Criteria**

All applications deemed responsive will be evaluated. Applications will undergo an administrative review by Public Health Solutions to determine that applicants meet the eligibility criteria as detailed in this RFA. Applications that do not meet the General Applicant Eligibility Requirements as detailed in this RFA will not move to the next stage of review.

Applications that meet the eligibility criteria will then undergo a content review. Applications will be evaluated and scored based on the responses to the designated proposal narrative sections. In addition, for those who meet the preferred qualifications as outlined on pages 13 & 16, applicants will receive up to an additional 10 points per preferred qualification.

*The NYC DOHMH and Public Health Solutions reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations and/or demonstrations, as the NYC DOHMH and Public Health Solutions deem applicable and appropriate.*

### **Award Selection**

Awards will be made to the applicants with the highest average score that offer an annual budget that is fair and reasonable. The NYC DOHMH will make final award decisions. Final awards are contingent on past contract performance if applicant has current contract(s) or had contracts within the last two years with Public Health Solutions; or reference/background checks for applicants without any prior or recent contracting relationship with Public Health Solutions; successful completion of contract negotiations; New York City vendor background check; and demonstration of all required insurance coverage and all other requirements of and approvals by the NYC DOHMH and Public Health Solutions.

To ensure adequate geographic distribution of services across NYC neighborhoods, adequate distribution of services to a variety of priority populations (as listed on page 7), and adequate distribution of funds across each activity type and theme (as listed on pages 8-10), final award amounts may be less than requested, and awards may be funded out of rank order.