

PSN 2.0 Online Form Guide – Service Category 1

Thank you for your interest in the PlaySure Network 2.0 RFP – Service Category 1: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model.

This Online Form Guide is only for **Service Category 1**.

This Online Form Guide contains the complete list of questions for completing the Organizational Profile, Organizational Readiness Self-Assessment, and Narrative Proposal sections of the PSN 2.0 RFP – Category 1 proposal submission. For ease of writing and editing, Applicants are strongly encouraged to use this Online Form Guide to draft their answers in a separate word processing document and then copy and paste their responses into the Online Form when ready to submit.

To be considered for funding, Applicants must submit a completed Online Form along with the other required components for a complete proposal submission (as described in the RFP) by **Thursday, October 28, 2021 at 3pm ET**. Before getting started, Applicants should review the instructions below.

- Applicants can start the Online Form, save their work and return at a later time. To do this, click on the Save and Continue Toolbar at the top of the webpage where you left off and provide your email address. A link to the saved Online Form will be sent to this email address. This must be done every time you want to save your work.
- Required questions are marked with an asterisk.
- If responses and all required documentation are prepared in advance, the Online Form may take up to 45 mins- 1 hour to complete. Please plan for an adequate amount of time for submission of this component before the deadline date and time.
- Once submitted, Applicants will see the following confirmation message, “Thank you for completing the Provision of a Comprehensive Health Package of HIV-Related Services in Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model: Category 1 Online Form. Completion of this Online Form does not indicate a fully completed RFP proposal submission. Please ensure that you have completed all other required components for a complete proposal submission as described in the RFP.”
- The Online Form and any component of the proposal submission submitted via email will not be accepted.

For complete Proposal Submission Instructions including how to create a CAMS Contracting Portal login and submitting required documents through the CAMS Contracting Portal, please refer to the PSN 2.0 RFP.

The Online Form for the specified service category can only be accessed via the link in the CAMS Contracting Portal.

The Online Form and this Guide contains the following required sections:

1. Organizational Profile
 - a. [Administration](#)
 - b. [Organizational Overview](#)
 - c. [Priority Populations](#)
 - d. [Staffing Information](#)
 - e. [Client Information](#)
 - f. [Service Provision & Tools/Software](#)
2. [PSN 2.0 Organizational Readiness Self-Assessment](#)
3. [Narrative Proposal](#)
 - a. [Organizational Overview and Experience](#)
 - b. [Health care Workforce](#)
 - c. [Proposed Program Design](#)
 - d. [Agency Work Plan](#)
 - e. [Data Management](#)

Different Question Types in the Online Form:

The Online Form has the following types of questions and answer options, as described in this Guide.

- **Multiple Choice selection:** allows Applicant agency to select a single choice from a list. Answer options for this question type appear in this Guide as ().
- **Dropdown selection:** also allows Applicant agency to select a single choice from a dropdown list. Answer options for this question type appear in this Guide as (), and the dropdown question type is specified in the question.
- **Check all that apply selection:** allows Applicant agency to select multiple answers from a list. Answer options for this question type appear in this Guide as (), and the check all that apply question type is specified in the question.
- **Text/ essay question:** allows Applicant agency to enter text into a box or single line. This appears in the Guide as " _____ " and specific word limits are specified in the question.

ORGANIZATIONAL PROFILE

PAGE 1: ADMINISTRATION

1. Please enter the Applicant agency's legal name:*

2. If applicable, will your agency be using a name other than the above Applicant name (e.g., doing business as d/b/a)?* [This is a multiple choice selection]

- () Yes - please specify the name of DBA: _____*
- () No

3. If applicable, will your agency be using a Fiscal Sponsor?

If yes, enter the name of the Fiscal Sponsor. If no, enter NA. * [This is a multiple choice selection]

- () Yes - please specify the name of Fiscal Sponsor: _____*
- () No

4. Please provide the main mailing address for the Applicant agency:*

Borough: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State: _____
ZIP Code: _____

5. Please provide the following information for the Primary Proposal Contact:*

Name (first, last): _____
Title: _____
Email: _____
Phone (area code + ext): _____

6. Please provide the following information for the Secondary Proposal Contact (optional):

Name (first, last): _____

Title: _____

Email: _____

Phone (area code + ext): _____

7. Please provide the Applicant agency's website URL:*

8. Please provide the Applicant agency's IRS Employer Identification Number (EIN):

*If using a Fiscal Sponsor, enter the EIN of Fiscal Sponsor.**

9. Please provide the Applicant agency's DUNS Number:

*If your agency has existing and/or prior contract(s) with the U.S. Federal Government, the DUNS number must be entered. If not applicable, enter NA. **

10. Please provide the Applicant agency's NYC Payee Information Portal (PIP) Vendor Number:

If applicant has existing and/or prior contract(s) with the City of New York, the PIP number must be provided. If not applicable, enter NA. For additional information about NYC PIP, visit: <https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService> *

ELIGIBILITY CRITERIA

Service Category 1

The minimum eligibility criteria for Service Category 1 are as follows:

1. Have legal incorporation by the New York State Department of State as a not-for-profit corporation at the time of application submission; and
2. Have Federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code at the time of application submission; and
3. Currently operating a brick-and-mortar site (proposed site location[s]) in NYC; and
4. If processing specimens on-site, at the time of application submission have a clinical laboratory permit with the New York State Department of Health (NYSDOH) Wadsworth Center's Clinical Laboratory Evaluation Program that matches the complexity level of laboratory tests conducted. The clinical laboratory must also meet relevant national and NY State standards, laws, and regulations pertaining to clinical laboratories. This requirement is waived if specimen processing happens offsite; and
5. Be defined as a health care setting - health care setting is defined as those providing clinical services related to medical visits and care and that holds the required operational licenses to operate as a clinical entity in NYS; and
6. Have an active and up-to-date Article 28 license from the New York State Department of Health at the time of application submission; and
7. Have experience providing health care to at least one of NYC's priority populations (as described on page 21 of the RFP)

Please indicate if your agency meets the minimum eligibility criteria mentioned above:

1. Have legal incorporation by the New York State Department of State as a not-for-profit corporation at the time of application submission?* [\[This is a multiple choice selection\]](#)

Yes

No

2. Have Federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code at the time of application submission?* [\[This is a multiple choice selection\]](#)

- Yes
- No

3. Currently operating a brick-and-mortar site (proposed site location[s]) in NYC?* [\[This is a multiple choice selection\]](#)

- Yes
- No

4. At the time of application submission, have a clinical laboratory permit with the New York State Department of Health (NYSDOH) Wadsworth Center's Clinical Laboratory Evaluation Program that matches the complexity level of laboratory tests conducted. The clinical laboratory must meet relevant national and NY State standards, laws, and regulations pertaining to clinical laboratories?* [\[This is a multiple choice selection\]](#)

- Yes
- No
- Not applicable [specimen processing happens offsite]

5. Be defined as a health care setting - health care setting is defined as those providing clinical services related to medical visits and care and that holds the required operational licenses to operate as a clinical entity in NYS?* [\[This is a multiple choice selection\]](#)

- Yes
- No

6. Have an active and up-to-date Article 28 license from the New York State Department of Health at the time of application submission?* [\[This is a multiple choice selection\]](#)

- Yes
- No

7. Have experience providing health care to at least one of NYC's priority populations (as described on page 21 of the RFP)?* [\[This is a multiple choice selection\]](#)

- Yes
- No

Government Funding Sources

Has the applicant agency received any government funding (e.g., federal, state, local) in the last 2 years?* [\[This is a multiple choice selection\]](#)

- Yes
- No

If yes - provide a brief description of your agency's experience managing government funding by listing contracts: source of funding, service(s) contracted, and amount of annual funding.

If none, write in NA.

	Funding Source	Purpose of Funding	Funding Dates	Award Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____

3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Note: The question and page numbers in the next Organizational Profile sections in this Guide may differ from what appears in your Online Form, dependent upon the number of Site Locations selected in Q1.

PAGE 2: ORGANIZATIONAL OVERVIEW

The following questions will ask questions about your agency (Applicant agency).

1) How many Site Locations will be part of the Applicant agency’s one-stop shop PSN 2.0 service delivery model?

Note: Each Site Location will be considered its own stand-alone, separate program with its own budget and reporting requirements. Please refer to page 22 of the RFP for more information on Site Location.* [This is a multiple choice selection]

- 1
- 2
- 3
- 4
- 5

Note: There are certain questions and pages that will repeat because the Applicant agency must provide this information for EACH Site Location.

2) For which competition pool is the Applicant agency applying?

Note: Please see pages 80 – 82 of the RFP for more information on competition pools. NYC HD and PHS reserve the right to re-categorize an agency dependent upon eligibility criteria, the Site Location information provided, and operation budget information provided.* [This is a multiple choice selection]

- Pool: Single-Site Location
- Pool: Multiple Service Sites in One Borough
- Pool: Multiple Services Sites across Two or More Boroughs

3) Please provide the address for the Site Location (hereafter called Site Location #1) that will be part of the Applicant agency’s one-stop shop PSN 2.0 service delivery model:*

Borough: _____

Street Address 1: _____

Street Address 2: _____

City: _____
State: _____
ZIP Code: _____

4) Is your agency a large hospital system (defined as a hospital with more than 200,000 visits per year) that houses the majority of their services under one brick and mortar address AND is your agency proposing to exclude a subset of units and/or departments from within your proposed brick and mortar address (i.e., site location #1) that will not implement the PSN 2.0 organizational level changes as identified?* [\[This is a multiple choice selection\]](#)

- Yes
- No

5) If yes to Q4 - to be considered for funding, please list all the units and/or departments from within your proposed site location (as indicated above) that will not implement the PSN 2.0 organizational level changes as identified. For each unit and/or department, provide a strong justification for its exclusion. *

Q3-5 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another question will appear to allow you to input address information for Site Location #2, etc.

PAGE 3: ORGANIZATIONAL OVERVIEW (CONT)

6) Please provide the Applicant agency's total operating budget for the year 2020:*

7) Please provide the Applicant agency's total operating budget for the year 2019:*

8) Please provide the total number of staff working full-time for the Applicant agency in 2020:*

9) Please provide the total number of staff working full-time for the Applicant agency in 2019:*

10) Please provide the Applicant agency's total operating budget for Site Location #1 for the year 2020:*

11) Please provide the Applicant agency's total operating budget for Site Location #1 for the year 2019:*

12) Please provide the total number of staff working full-time for the Applicant agency at Site Location #1 (remote work and in-person) in 2020:*

13) Please provide the total number of staff working full-time for the Applicant agency at Site Location #1 (remote work and in-person) in 2019:*

Q10-13 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another set of questions will appear to allow you to input information for Site Location #2, etc.

PAGE 4: PRIORITY POPULATIONS

14) Please indicate which priority populations your agency aims to serve with PSN 2.0 funding at Site Location #1.

Note: Please see page 21 of the RFP for more information on priority populations. Your agency's proposed PSN 2.0 program model must be tailored to meet the needs of all the priority populations selected here. * [This is a check all that apply selection]

- Black MSM, including Black cisgender MSM and Black transgender MSM
- Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM
- Black women, including Black cisgender women and Black transgender women
- Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women
- All people of trans experience and people who identify as gender nonconforming, gender non-binary, or genderqueer (referred to collectively in this document as people of trans experience)
- Youth and young adults ages 13 to 29 years
- 50 years and older who are PWH or people who are vulnerable to HIV
- People who identify as Black, Indigenous, and/or as a people of color (BIPOC)
- People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)
- People experiencing homelessness or housing instability
- People with serious mental illness
- People who use drugs and/or have a substance use disorder
- People who exchange sex for money, drugs, housing, or other resources
- People born outside the U.S., especially people without a settled or "adjusted" immigration status
- People who have experienced intimate partner violence
- People with a history of incarceration and other justice-involved people
- Another priority population not listed:

Please provide a short justification for the other priority population your agency aims to serve with PSN 2.0 funding. [write in required]: _____*

Q14 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another question will appear to allow you to input information for Site Location #2, etc.

PAGE 5: STAFFING INFORMATION SITE LOCATION #1

The following questions ask about staffing at Site Location #1.

15) Please estimate the proportion of all senior and executive program leadership-level staff (i.e., those that are responsible for agency-level decision-making such as clinical and non-clinical department heads/chairs/directors) currently working (remote and in-person) at the Site Location who identify as a member of the following populations:*

(Note: You must enter a response for each of the population options below, even if the response is 0. The sum of the percentages do not have to equal 100%.)

	Estimated Proportion (%) [This is a multiple choice selection]							
	0%*	1-10%*	11-25%*	26-50%*	51-75%*	76-99%*	100%*	Not sure*

Black MSM, including Black cisgender MSM and Black transgender MSM	()	()	()	()	()	()	()	()
Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM	()	()	()	()	()	()	()	()
Black women, including Black cisgender women and Black transgender women	()	()	()	()	()	()	()	()
Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women	()	()	()	()	()	()	()	()
All people of trans experience and people who identify as gender nonconforming, gender non-binary, or genderqueer (referred to collectively as people of trans experience)	()	()	()	()	()	()	()	()
Youth and young adults ages 18 to 29 years	()	()	()	()	()	()	()	()
People 50 years and older who are PWH or people who are vulnerable to HIV	()	()	()	()	()	()	()	()
People who identify as Black, Indigenous, and/or as a people of color (BIPOC)	()	()	()	()	()	()	()	()
People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)	()	()	()	()	()	()	()	()
People experiencing/experienced homelessness or housing instability	()	()	()	()	()	()	()	()
People who use(d) drugs and/or have/had a substance use disorder	()	()	()	()	()	()	()	()
People who exchange(d) sex for money, drugs, housing, or other resources	()	()	()	()	()	()	()	()
People who have experienced intimate partner violence	()	()	()	()	()	()	()	()
People with a history of incarceration and other justice-involved people	()	()	()	()	()	()	()	()

16) Please estimate the proportion of all managerial staff currently working (remote and in-person) at the Site Location who identify as a member of the following populations:*

(Note: You must enter a response for each of the population options below, even if the response is 0. The sum of the percentages do not have to equal 100%.)

	Estimated Proportion (%) [This is a multiple choice selection]							
	0%*	1-10%*	11-25%*	26-50%*	51-75%*	76-99%*	100%*	Not sure*
Black MSM, including Black cisgender MSM and Black transgender MSM	()	()	()	()	()	()	()	()
Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM	()	()	()	()	()	()	()	()
Black women, including Black cisgender women and Black transgender women	()	()	()	()	()	()	()	()

Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women	()	()	()	()	()	()	()	()
All people of trans experience and people who identify as gender nonconforming, gender non-binary, or genderqueer (referred to collectively as people of trans experience)	()	()	()	()	()	()	()	()
Youth and young adults ages 18 to 29 years	()	()	()	()	()	()	()	()
People 50 years and older who are PWH or people who are vulnerable to HIV	()	()	()	()	()	()	()	()
People who identify as Black, Indigenous, and/or as a people of color (BIPOC)	()	()	()	()	()	()	()	()
People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)	()	()	()	()	()	()	()	()
People experiencing/experienced homelessness or housing instability	()	()	()	()	()	()	()	()
People who use(d) drugs and/or have/had a substance use disorder	()	()	()	()	()	()	()	()
People who exchange(d) sex for money, drugs, housing, or other resources	()	()	()	()	()	()	()	()
People who have experienced intimate partner violence	()	()	()	()	()	()	()	()
People with a history of incarceration and other justice-involved people	()	()	()	()	()	()	()	()

17) Please estimate the proportion of all front-line staff currently working (remote and in-person) at the Site Location who identify as a member of the following populations:*

(Note: You must enter a response for each of the population options below, even if the response is 0. The sum of the percentages do not have to equal 100%.)

	Estimated Proportion (%) [This is a multiple choice selection]							
	0%*	1-10%*	11-25%*	26-50%*	51-75%*	76-99%*	100%*	Not sure*
Black MSM, including Black cisgender MSM and Black transgender MSM	()	()	()	()	()	()	()	()
Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM	()	()	()	()	()	()	()	()
Black women, including Black cisgender women and Black transgender women	()	()	()	()	()	()	()	()
Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women	()	()	()	()	()	()	()	()
All people of trans experience and people who identify as gender nonconforming, gender non-binary, or genderqueer (referred to collectively as people of trans experience)	()	()	()	()	()	()	()	()
Youth and young adults ages 18 to 29 years	()	()	()	()	()	()	()	()

People 50 years and older who are PWH or people who are vulnerable to HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who identify as Black, Indigenous, and/or as a people of color (BIPOC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People experiencing/experienced homelessness or housing instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who use(d) drugs and/or have/had a substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who exchange(d) sex for money, drugs, housing, or other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who have experienced intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a history of incarceration and other justice-involved people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All of Page 5 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another page will appear to allow you to answer Q15-17 for Site Location #2, etc.

PAGE 6: CLIENT INFORMATION SITE LOCATION #1

18) Total number of unique clients served by Applicant agency at Site Location #1 (remote and in-person) in 2020*

19) Total number of unique clients served by Applicant agency at Site Location #1 (remote and in-person) in 2019*

20) Estimated proportion (%) of clients served by Applicant agency at Site Location #1 who reside in the same UHF neighborhood as Site Location #1 in 2020: * [This is a dropdown selection]

UHF Neighborhood in which Site Location #1 is located (based on High Priority Area ZIP code)*

- | | |
|--|---|
| <input type="checkbox"/> Crotona - Tremont (Bronx) | <input type="checkbox"/> Sunset Park (Brooklyn) |
| <input type="checkbox"/> Fordham - Bronx Park (Bronx) | <input type="checkbox"/> Williamsburg - Bushwick (Brooklyn) |
| <input type="checkbox"/> High Bridge - Morrisania (Bronx) | <input type="checkbox"/> Central Harlem - Morningside Heights (Manhattan) |
| <input type="checkbox"/> Hunts Point - Mott Haven (Bronx) | <input type="checkbox"/> Chelsea - Clinton (Manhattan) |
| <input type="checkbox"/> Kingsbridge - Riverdale (Bronx) | <input type="checkbox"/> East Harlem (Manhattan) |
| <input type="checkbox"/> Northeast Bronx (Bronx) | <input type="checkbox"/> Gramercy Park - Murray Hill (Manhattan) |
| <input type="checkbox"/> Pelham - Throgs Neck (Bronx) | <input type="checkbox"/> Greenwich Village - Soho (Manhattan) |
| <input type="checkbox"/> Bedford Stuyvesant - Crown Heights (Brooklyn) | <input type="checkbox"/> Lower Manhattan (Manhattan) |
| <input type="checkbox"/> Bensonhurst - Bay Ridge (Brooklyn) | <input type="checkbox"/> Union Square - Lower East Side (Manhattan) |
| <input type="checkbox"/> Borough Park (Brooklyn) | <input type="checkbox"/> Upper East Side (Manhattan) |
| <input type="checkbox"/> Canarsie - Flatlands (Brooklyn) | <input type="checkbox"/> Upper West Side (Manhattan) |
| <input type="checkbox"/> Coney Island - Sheepshead Bay (Brooklyn) | <input type="checkbox"/> Washington Heights - Inwood (Manhattan) |
| <input type="checkbox"/> Downtown - Heights - Park Slope (Brooklyn) | <input type="checkbox"/> Bayside - Little Neck (Queens) |
| <input type="checkbox"/> East Flatbush - Flatbush (Brooklyn) | <input type="checkbox"/> Flushing - Clearview (Queens) |
| <input type="checkbox"/> East New York (Brooklyn) | <input type="checkbox"/> Fresh Meadows (Queens) |
| <input type="checkbox"/> Greenpoint (Brooklyn) | <input type="checkbox"/> Jamaica (Queens) |

- Long Island City - Astoria (Queens)
- Ridgewood - Forest Hills (Queens)
- Rockaway (Queens)
- Southeast Queens (Queens)
- Southwest Queens (Queens)

- West Queens (Queens)
- Port Richmond (Staten Island)
- South Beach - Tottenville (Staten Island)
- Stapleton - St. George (Staten Island)
- Willowbrook (Staten Island)

Estimated Proportion (%) of clients*: _____

21) Estimated proportion (%) of clients served by Applicant agency at Site Location #1 who reside in the same UHF neighborhood as Site Location #1 in 2019: * [This is a dropdown selection]

UHF Neighborhood in which Site Location #1 is located (based on High Priority Area ZIP code)*

- | | |
|---|---|
| <input type="checkbox"/> Crotona - Tremont (Bronx) | <input type="checkbox"/> Gramercy Park - Murray Hill (Manhattan) |
| <input type="checkbox"/> Fordham - Bronx Park (Bronx) | <input type="checkbox"/> Greenwich Village - Soho (Manhattan) |
| <input type="checkbox"/> High Bridge - Morrisania (Bronx) | <input type="checkbox"/> Lower Manhattan (Manhattan) |
| <input type="checkbox"/> Hunts Point - Mott Haven (Bronx) | <input type="checkbox"/> Union Square - Lower East Side (Manhattan) |
| <input type="checkbox"/> Kingsbridge - Riverdale (Bronx) | <input type="checkbox"/> Upper East Side (Manhattan) |
| <input type="checkbox"/> Northeast Bronx (Bronx) | <input type="checkbox"/> Upper West Side (Manhattan) |
| <input type="checkbox"/> Pelham - Throgs Neck (Bronx) | <input type="checkbox"/> Washington Heights - Inwood (Manhattan) |
| <input type="checkbox"/> Bedford Stuyvesant - Crown Heights (Brooklyn) | <input type="checkbox"/> Bayside - Little Neck (Queens) |
| <input type="checkbox"/> Bensonhurst - Bay Ridge (Brooklyn) | <input type="checkbox"/> Flushing - Clearview (Queens) |
| <input type="checkbox"/> Borough Park (Brooklyn) | <input type="checkbox"/> Fresh Meadows (Queens) |
| <input type="checkbox"/> Canarsie - Flatlands (Brooklyn) | <input type="checkbox"/> Jamaica (Queens) |
| <input type="checkbox"/> Coney Island - Sheepshead Bay (Brooklyn) | <input type="checkbox"/> Long Island City - Astoria (Queens) |
| <input type="checkbox"/> Downtown - Heights - Park Slope (Brooklyn) | <input type="checkbox"/> Ridgewood - Forest Hills (Queens) |
| <input type="checkbox"/> East Flatbush - Flatbush (Brooklyn) | <input type="checkbox"/> Rockaway (Queens) |
| <input type="checkbox"/> East New York (Brooklyn) | <input type="checkbox"/> Southeast Queens (Queens) |
| <input type="checkbox"/> Greenpoint (Brooklyn) | <input type="checkbox"/> Southwest Queens (Queens) |
| <input type="checkbox"/> Sunset Park (Brooklyn) | <input type="checkbox"/> West Queens (Queens) |
| <input type="checkbox"/> Williamsburg - Bushwick (Brooklyn) | <input type="checkbox"/> Port Richmond (Staten Island) |
| <input type="checkbox"/> Central Harlem - Morningside Heights (Manhattan) | <input type="checkbox"/> South Beach - Tottenville (Staten Island) |
| <input type="checkbox"/> Chelsea - Clinton (Manhattan) | <input type="checkbox"/> Stapleton - St. George (Staten Island) |
| <input type="checkbox"/> East Harlem (Manhattan) | <input type="checkbox"/> Willowbrook (Staten Island) |

Estimated Proportion (%) of clients*: _____

22) Estimated proportion (%) of clients served by your agency at Site Location #1 who identify as a member of one or more of the populations below in 2020:*

(Note: You must enter a response for each of the population options below, even if the response is 0. The sum of the percentages do not have to equal 100%.)

	Estimated Proportion (%) [This is a multiple choice selection]						
	0%*	1-10%*	11-25%*	26-50%*	51-75%*	76-99%*	100%*
Black MSM, including Black cisgender MSM and Black transgender MSM	()	()	()	()	()	()	()
Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM	()	()	()	()	()	()	()
Black women, including Black cisgender women and Black transgender women	()	()	()	()	()	()	()

Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women	()	()	()	()	()	()	()
All people of trans experience and people who identify as gender nonconforming, gender non-binary, or gender queer (referred to collectively here as people of trans experience)	()	()	()	()	()	()	()
Youth and young adults ages 13 to 29 years	()	()	()	()	()	()	()
50 years and older who are PWH or people who are vulnerable to HIV	()	()	()	()	()	()	()
People who identify as Black, Indigenous, and/or as a people of color (BIPOC)	()	()	()	()	()	()	()
People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)	()	()	()	()	()	()	()
People experiencing homelessness or housing instability	()	()	()	()	()	()	()
People with serious mental illness	()	()	()	()	()	()	()
People who use drugs and/or have a substance use disorder	()	()	()	()	()	()	()
People who exchange sex for money, drugs, housing, or other resources	()	()	()	()	()	()	()
People born outside the U.S., especially people without a settled or "adjusted" immigration status	()	()	()	()	()	()	()
People who have experienced intimate partner violence	()	()	()	()	()	()	()
People with a history of incarceration and other justice-involved people	()	()	()	()	()	()	()

23) Estimated proportion (%) of clients served by your agency at Site Location #1 who identify as a member of one or more of the populations below in 2019:*

(Note: You must enter a response for each of the population options below, even if the response is 0. The sum of the percentages do not have to equal 100%.)

	Estimated Proportion (%) [This is a multiple choice selection]						
	0%*	1-10%*	11-25%*	26-50%*	51-75%*	76-99%*	100%*
Black MSM, including Black cisgender MSM and Black transgender MSM	()	()	()	()	()	()	()
Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM	()	()	()	()	()	()	()
Black women, including Black cisgender women and Black transgender women	()	()	()	()	()	()	()
Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women	()	()	()	()	()	()	()
All people of trans experience and people who identify as gender nonconforming, gender non-binary, or gender queer (referred to collectively here as people of trans experience)	()	()	()	()	()	()	()
Youth and young adults ages 13 to 29 years	()	()	()	()	()	()	()
50 years and older who are PWH or people who are vulnerable to HIV	()	()	()	()	()	()	()

People who identify as Black, Indigenous, and/or as a people of color (BIPOC)	()	()	()	()	()	()	()
People who identify as lesbian, gay, bisexual, and/or queer (LGBQ)	()	()	()	()	()	()	()
People experiencing homelessness or housing instability	()	()	()	()	()	()	()
People with serious mental illness	()	()	()	()	()	()	()
People who use drugs and/or have a substance use disorder	()	()	()	()	()	()	()
People who exchange sex for money, drugs, housing, or other resources	()	()	()	()	()	()	()
People born outside the U.S., especially people without a settled or "adjusted" immigration status	()	()	()	()	()	()	()
People who have experienced intimate partner violence	()	()	()	()	()	()	()
People with a history of incarceration and other justice-involved people	()	()	()	()	()	()	()

All of Page 6 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another page will appear to allow you to answer Q18-23 for Site Location #2, etc.

PAGE 7: SERVICE PROVISION & TOOLS/SOFTWARE SITE LOCATION #1

The Services information provided on this page must align with the proposed program in the Narrative Proposal.

24) Please complete the below table for every service provided at Site Location #1

	Status of Service Provision	Where will this service be provided under PSN 2.0? [This is a check all that apply selection]						
		At Applicant Agency's Site Location (in-person)	At Applicant Agency's mobile site	At Partner Agency's brick and mortar site (in-person)	At Partner Agency's mobile site	Telehealth	Other	N/A - service not provided
Outreach Services	Status of Service Provision is a dropdown selection of the following: <ul style="list-style-type: none"> - Currently Being Provided - Will start before contract execution - Will start during start-up phase of contract - N/A will not be provided in our PSN 2.0 program 	[]	[]	[]	[]	[]	[]	[]
Navigation Services (including education, appointment support, follow-ups, case management, and benefits navigation)		[]	[]	[]	[]	[]	[]	[]
HIV Testing		[]	[]	[]	[]	[]	[]	[]
STI Testing		[]	[]	[]	[]	[]	[]	[]
STI Treatment	[]	[]	[]	[]	[]	[]	[]	

PrEP		[]	[]	[]	[]	[]	[]	[]
Emergency PEP		[]	[]	[]	[]	[]	[]	[]
Immediate Antiretroviral Treatment (iART) and HIV Primary Care		[]	[]	[]	[]	[]	[]	[]
Mental Health Services		[]	[]	[]	[]	[]	[]	[]
Substance Use Services		[]	[]	[]	[]	[]	[]	[]
Services for Intimate Partner Violence		[]	[]	[]	[]	[]	[]	[]
Food and Nutrition Services		[]	[]	[]	[]	[]	[]	[]
Housing Services		[]	[]	[]	[]	[]	[]	[]
Job Aid and Professional Development Services		[]	[]	[]	[]	[]	[]	[]
Legal Services		[]	[]	[]	[]	[]	[]	[]
EBIs (optional)		[]	[]	[]	[]	[]	[]	[]

25) Please complete the below table for every service provided at Site Location #1

	Which agency is providing this service for PSN 2.0?	If Partner Agency, enter Partner Agency Name (if no partner, enter NA)	Current Type of Partnership Agreement

Outreach Services	Which agency is providing this service for PSN 2.0 is a dropdown selection of the following: <ul style="list-style-type: none"> - Applicant Agency - Partner Agency with formal agreement - Partner Agency with subcontract - This service is not going to be offered in PSN 2.0 	---	Current Type of Partnership Agreement is a dropdown selection of the following: <ul style="list-style-type: none"> - Self - MOU, MOA, LA, or other agreement - Subcontract - N/A – service not provided
Navigation Services (including education, appointment support, follow-ups, case management, benefits navigation)		---	
HIV Testing		---	
STI Testing		---	
STI Treatment		---	
PrEP		---	
Emergency PEP		---	

Immediate Antiretroviral Treatment (iART) and HIV Primary Care		___	
Mental Health Services		___	
Substance Use Services		___	
Services for Intimate Partner Violence		___	
Food and Nutrition Services		___	
Housing Services		___	
Job Aid and Professional Development Services		___	
Legal Services		___	
EBIs		___	

26) Are there services not listed above that are part of your proposed PSN 2.0 program at Site Location #1?*

() Yes

() No

27) If yes to Q26 - For the services that are part of your proposed PSN 2.0 program that are not listed above, please provide the following information:*

	Service Name	Status of Service Provision	Where will this service be provided under PSN 2.0? [This is a check all that apply selection]					
			At Applicant agency's Site Location (in-person)*	At Applicant agency's mobile site*	At Partner Agency's brick and mortar site (in-person)*	At Partner Agency's mobile site*	Telehealth*	Other*
1	_____	Status of Service Provision is a dropdown selection of the following: - Currently Being Provided - Will start before contract execution - Will start during start-up phase of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28) If yes to Q26 - For the services that are part of your proposed PSN 2.0 program that are not listed above, please provide the following information:*

	Service Name (must align with the service names you mentioned above)	Which agency is providing this service for PSN 2.0?	If Partner Agency, enter Partner Agency Name (if no partner, enter NA)	Current Type of Partnership Agreement
1	_____		_____	

2	___	Which agency is providing this service for PSN 2.0 is a dropdown selection of the following: - Applicant Agency - Partner Agency with formal agreement - Partner Agency with subcontract	___	Current Type of Partnership Agreement is a dropdown selection of the following: - Self - MOU, MOA, LA, or other agreement - Subcontract	___
3	___		___		___
4	___		___		___
5	___		___		___
			___		___

29) Tools and Software for Data Management for Site Location #1

Please list the data collection, data management, and analysis tools and software that the Applicant agency currently uses.

(ex: eClinical Works, Microsoft Excel, Microsoft Access, SAS, Tableau, R, STATA, SPSS)

*

All of Page 7 will repeat based on the number of Site Locations selected in Q1. For example, 2 site locations selected, another page will appear to allow you to answer Q24-29 for Site Location #2, etc.

PAGE 8: PSN 2.0 ORGANIZATIONAL READINESS SELF-ASSESSMENT

The PSN 2.0 Organizational Readiness Self-Assessment is designed to allow an Applicant agency to assess key elements of the PSN 2.0 model within the Applicant agency’s current programming and infrastructure. The tool is to be completed by members of the Applicant agency’s team, including but not limited to leadership, program management, and direct service staff.

Applicant agencies will self-rate their agency on a scale from 1-5 on the below statements and provide a description for their self-rating.

Please refer to pages 93 – 102 of the RFP for full details regarding the Organizational Readiness Self-Assessment.

Self-Rating Descriptions

- 1: The agency has not yet focused specifically on developing these activities.
- 2: Initial actions towards improvement taken for this item; the agency has taken some preliminary or early steps to focus on improving this indicator.
- 3: Several steps towards improvement made; the agency has taken several steps towards advancing their work on this indicator.
- 4: Near comprehensive practices in place for this indicator; the agency has significantly advanced its work on this indicator.
- 5: Comprehensive practices are in place for this indicator; the agency has embedded this indicator into their work/model and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

1a. TRAINING* [This is a multiple choice selection]

	1	2	3	4	5
1. Our agency requires staff to complete trainings on the provision of trans-affirming health care services.	()	()	()	()	()

2. Our agency requires staff to complete trainings on stigma, discrimination, implicit/unconscious bias, racism, and how these forces shape health outcomes.	()	()	()	()	()
3. Our agency requires staff to complete trainings on diversity and inclusion of key populations, such as Black and Latinx women, Black and Latinx men who have sex with men, and transwomen of color.	()	()	()	()	()
4. Our agency requires staff to complete trainings on LGBTQIA+ discrimination.	()	()	()	()	()
5. Our agency requires staff to complete trainings on trauma-informed care and motivational interviewing.	()	()	()	()	()
6. Our agency requires staff to complete trainings on the use of the GOALS (Universal) approach for taking a sexual history, universal screening/education, and sex positivity.	()	()	()	()	()
7. Our agency requires staff to complete trainings specific to service delivery (i.e., HIV 101, mental health screening etc.).	()	()	()	()	()

1b. Please provide details for indicators 1-7 regarding your agency's staff training requirements. *

2a. INFRASTRUCTURE* [This is a multiple choice selection]

	1	2	3	4	5
1. Our agency collects data on employee race, ethnicity, sexual orientation, gender identity and pronouns.	()	()	()	()	()
2. Our agency data collection/intake forms and EHR/EMR include client race, ethnicity, sexual orientation, gender identity and pronouns.	()	()	()	()	()

2b. Please provide details for indicators 1-2 regarding how these data are collected and monitored. *

2c. INFRASTRUCTURE* [This is a multiple choice selection]

	1	2	3	4	5
3. At our agency, new hire training clearly states that the nondiscrimination policy includes race/ethnicity, gender identity and sexual orientation. As part of the new hire training, we provide definitions and/or scenarios illustrating the policy for each.	()	()	()	()	()
4. Our agency has established affirming gender transition guidelines/protections with supportive restroom and gender-neutral dress code policies that are reflected and supported by our HR/employee forms.	()	()	()	()	()
5. Our agency's annual performance evaluations for middle managers, senior management, and executive staff include LGBTQIA+ and race/ethnicity diversity and inclusion metrics.	()	()	()	()	()

6. At our agency, educational and promotional materials reflect the populations we aim to serve.	()	()	()	()	()
7. Gender-neutral restrooms are available for all staff and clients and are easily accessible at our physical location(s).	()	()	()	()	()
8. We have established workforce protections and policies that include strengths-based follow up actions that emphasize sexual orientation, gender identity and race/ethnicity for staff in all departments.	()	()	()	()	()
9. We have established policies (or programs) that emphasize professional development opportunities for employees who identify as BIPOC and/or LGTBQ.	()	()	()	()	()
10. We have established policies to implement a staff-informed professional development and leadership opportunity plan for agency staff.	()	()	()	()	()
11. We have established equivalency in same- and different-sex spousal/domestic partner medical and soft benefits.	()	()	()	()	()

3a. LEADERSHIP AND STAFF DIVERSITY* [This is a multiple choice selection]

	1	2	3	4	5
1. Staff in leadership and management positions are representative of the populations we aim to serve.	()	()	()	()	()
2. Staff throughout our agency are representative of the populations we aim to serve.	()	()	()	()	()

4a. STAFF EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
1. Our agency routinely administers staff experience surveys to monitor incidences of stigma and discrimination experienced by staff and clients.	()	()	()	()	()

4b. Please provide details for indicator 1 regarding how these surveys are designed and administered and how these data are reviewed. *

4c. STAFF EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
2. Our agency provides staff with a mechanism for safely reporting incidences of stigma and discrimination in the workplace.	()	()	()	()	()

4d. Please provide details for indicator 2 on reporting processes.*

4e. STAFF EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
3. We routinely assess staff familiarity and awareness of our agency-wide anti-discriminatory policies.	()	()	()	()	()
4. We routinely collect and review data detailing incidences of stigma and discrimination towards clients and staff at our agency, as reported by leadership, management, and colleagues.	()	()	()	()	()
5. We proactively assess our nonmanagerial staff to ensure they feel they have been afforded opportunities for advancement and professional development.	()	()	()	()	()

4f. Please provide details for indicator 3-5 on how these areas are assessed and monitored. *

5a. CLIENT EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
1. Our agency routinely administers client experience surveys to monitor patient-provider relationships.	()	()	()	()	()
2. Our agency routinely administers client experience surveys to monitor incidences of stigma and discrimination related to race, ethnicity, sexual and gender identities, or drug use, etc. at our agency.	()	()	()	()	()

5b. Please provide details for indicator 1-2 regarding how these surveys are designed and administered, and how data are reviewed. *

5c. CLIENT EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
3. Our agency routinely administers client experience surveys to assess whether clients report feeling safe, comfortable, and free from harassment during their visit.	()	()	()	()	()
4. Our agency routinely administers client experience surveys to assess whether clients received services in the language they needed.	()	()	()	()	()

5d. CLIENT EXPERIENCE* [This is a multiple choice selection]

	1	2	3	4	5
--	---	---	---	---	---

5. Our agency routinely administers client experience surveys to assess whether clients' needs have been met when receiving services at our institution.	()	()	()	()	()
6. Our agency routinely administers client experience surveys to assess client satisfaction regarding the services they receive at our institution.	()	()	()	()	()
7. Our agency routinely administers client experience surveys to assess if clients were given information on specific services (e.g., PrEP, emergency PEP, iART) and how to access them in a way that they could understand.	()	()	()	()	()
8. Our agency routinely administers client experience surveys to assess if clients were able to receive same-day service provision and/or medications for services included in the comprehensive health package of HIV prevention services among those who wanted it.	()	()	()	()	()

5e. Please provide details for indicators 5-8 regarding how these surveys are designed and administered, and how data are reviewed, if different from indicators 1 and 2 (CLIENT EXPERIENCE), above. *

6a. ACCESS AND AVAILABILITY* [\[This is a multiple choice selection\]](#)

	1	2	3	4	5
1. We ensure the availability of iART, PrEP and/or emergency PEP by providing (or linking to) same-day dispensing of medications onsite or through pharmacy partnership(s).	()	()	()	()	()

6b. ACCESS AND AVAILABILITY* [\[This is a multiple choice selection\]](#)

	1	2	3	4	5
2. We collect and routinely monitor client-care data to ensure all clients receive at least one service follow-up via an identified mode of communication (in person/telehealth); these data are reviewed in both aggregate and by key population.	()	()	()	()	()
3. We collect and routinely monitor client-care data to ensure all clients receive at least one service follow-up check-in via an identified mode of communication (call, text, etc.); these data are reviewed in both aggregate and by key population.	()	()	()	()	()
4. We routinely monitor client enrollment data to ensure our program is serving key populations.	()	()	()	()	()

6c. Please provide details for indicators 2-4 regarding how these data are collected and monitored.*

7a. SERVICE UTILIZATION* [\[This is a multiple choice selection\]](#)

	1	2	3	4	5
1. We collect and routinely monitor service utilization data to assess the number of clients offered and provided with supportive services (e.g., legal, employment, food/nutrition, housing); these data are reviewed in both aggregate and by key population.	()	()	()	()	()
2. We collect and routinely monitor service utilization data to assess the number of clients offered and provided with behavioral/mental health services; these data are reviewed in both aggregate and by key population.	()	()	()	()	()
3. We collect and routinely monitor service utilization data to assess the number of clients offered and provided with substance use treatment services; these data are reviewed in both aggregate and by key population.	()	()	()	()	()
4. We collect and routinely monitor service utilization data to assess the number of clients offered and provided with alcohol use treatment services; these data are reviewed in both aggregate and by key population.	()	()	()	()	()
5. We collect and routinely monitor service utilization data to assess the number of clients offered and provided/linked to iART overall and same-day; these data are reviewed in both aggregate and by key population.	()	()	()	()	()
6. We collect and routinely monitor service utilization data to assess the number of clients offered and provided/linked to emergency PEP overall and same-day; these data are reviewed in both aggregate and by key population.	()	()	()	()	()
7. We collect and routinely monitor service utilization data to assess the number of clients offered and provided/linked to PrEP overall and same-day; these data are reviewed in both aggregate and by key population.	()	()	()	()	()

7b. Please provide details for indicators 1-7 regarding how these data are collected and monitored.*

8a. UNIVERSAL SCREENING* [\[This is a multiple choice selection\]](#)

	1	2	3	4	5
1. We collect and routinely monitor data that reflects the use of a standardized tool for conducting universal screenings for mental health needs use among all clients at our agency.	()	()	()	()	()
2. We collect and routinely monitor data that reflects the use of a standardized tool for conducting universal screenings for drug and alcohol use among all clients at our agency.	()	()	()	()	()
3. We collect and routinely monitor data that reflects universal screening of supportive services needs among all clients at our agency.	()	()	()	()	()

4. We collect and routinely monitor data that reflects the use of the GOALS approach for the sexual history taking of all clients at our agency.	()	()	()	()	()
5. We collect and routinely monitor data that reflects the offering of an HIV test to all clients at our agency; this data is reviewed in aggregate and by key population.	()	()	()	()	()
6. We collect and routinely monitor data on all clients who receive an HIV test at our agency; this data is reviewed in aggregate and by key population.	()	()	()	()	()

8b. Please provide details for indicators 1-6 regarding which standardized tools are used and how these data are collected and monitored. *

Note: The question and page numbers in Narrative Proposal sections in this Guide may differ from what appears in your Online Form, dependent upon the number of Site Locations selected in Q1 of the Organizational Profile.

PAGE 9: PROPOSAL NARRATIVE

Proposal Evaluation Criteria

Please refer to pages 85 – 93 of the RFP for full details regarding the Proposal Narrative.

The Proposal Narrative must address all the questions in sections 1-5.

- Section 1: Organizational Overview and Experience (14 points)
- Section 2: Health care Workforce (19 points)
- Section 3: Proposed Program Design (24 points)
- Section 4: Agency Work Plan (34 points)
- Section 4: Data Management (9 points)

The Proposal Narrative must be completed and submitted via this online form before the submission deadline. You can review the questions in the Online Form Guide.

Any components of the proposed program that will be funded by other source(s) must be clearly identified in the Proposal Narrative, if applicable.

Responses must be tailored for each Site Location’s context.

The Proposal Narrative will be evaluated based on the rubric as described in Table 1 in the RFP.

Note: Strong applications clearly demonstrate and highlight how the agency has the following established components and/or commitments to implementing systems-level change in their health care facility as related to:

- **Leadership: how the agency has a good standing and presence among the priority populations aimed to serve (as indicated in the Organizational Profile); an interest in applying innovative strategies and engaging in system-wide quality improvement efforts across the agency to support both staff and to meet the needs of their clients; ensure strong leadership buy-in and support in systems-level change as part of the PSN 2.0 program;**

- **Staffing:** how the agency has and will coordinate internal teams for PSN 2.0 implementation; have a positive and inclusive working environment, including the prioritization of staff wellness, professional development, and diversity;
- **Client-centeredness:** a commitment to addressing all a clients' needs; ability to build and maintain strong relationships with other local agencies; and the ability to be flexible in programming to meet the needs of their clients

Strong applications also have clearly aligned Proposal Narratives and Program Budgets, meaning that all items/actions/proposed program activities mentioned in the Proposal Narrative should be supported in the budget and vice versa.

Section 1: Organizational Overview and Experience [14 points]

1. Briefly describe your agency’s mission and services (not scored)* [Word Limit: 250 words]

2. Describe your agency’s experience with the priority populations you aim to serve (as indicated in the Organizational Profile) and why these priority populations were selected for your proposed program (4.5 points)* [Word Limit: 450 words]

3. Describe your agency’s experience providing health care and/or supportive services such as outreach, navigation, and HIV prevention related services (as defined on pages 25 – 34 of the RFP) to the priority populations you aim to serve (as indicated in the Organizational Profile) (4.5 points)* [Word Limit: 450 words]

4. Describe how your agency’s experience makes it uniquely qualified to implement the proposed PSN 2.0 program to the priority populations you aim to serve in a manner that supports the below (3 points)*

4a. Client-choice (1 point)* [Word Limit: 100 words]

4b. Pleasure and wellness-based approaches to sexual health (1 point)* [Word Limit: 100 words]

4c. The one-stop shop model (1 point)* [Word Limit: 100 words]

5. Describe your agency’s experience with grant management, including how your agency has responsibly managed grant funds in a manner that adheres to the funding objectives, and federal, state, and local requirements. Note: Provide concrete examples when possible. (2 points)* [Word Limit: 200 words]

PAGE 10: PROPOSAL NARRATIVE – HEALTH CARE WORKFORCE

Section 2: Health care Workforce [19 points]

The next few questions ask about your agency’s health care workforce policies and procedures. Note: *Be as specific and detailed as possible, giving concrete examples when possible. If your agency does not have specific examples to provide, your response must include an explanation of why not and the detailed actions your agency will take to develop policies and practices to address the question with PSN 2.0 funding.*

6. Describe how your agency works to transform or dismantle institutional policies and practices that compromise the well-being of your workforce, particularly Black, Indigenous, or other People of Color (BIPOC). Please provide examples for the following: (5 points)*

6a. Educational requirements (e.g., in job descriptions - not requiring advanced degrees unless necessary; providing existing staff with tuition reimbursement or opportunities for paid professional development) (1 point)* [\[Word Limit: 100 words\]](#)

6b. Time off and flexible scheduling (e.g., parental leave) (1 point)* [\[Word Limit: 100 words\]](#)

6c. Professional development and promotional opportunities (e.g., pathways for promotions, cultivating race/gender-specific mentors) (1 point)* [\[Word Limit: 100 words\]](#)

6d. Wages (e.g., paying a living wage to all employees) (1 point)* [\[Word Limit: 100 words\]](#)

6e. Staff retention (e.g., addressing staff turnover) (1 point)* [\[Word Limit: 100 words\]](#)

7. Describe your agency's organizational culture as it relates to its values, strengths and willingness to adapt to change among front-line team members to executive leadership. *Note: Organizational culture can be referred to as a system of shared meaning held by members that distinguishes the organization from other organizations.* (2 points)* [\[Word Limit: 200 words\]](#)

PAGE 11: PROPOSAL NARRATIVE – HEALTH CARE WORKFORCE SITE LOCATION #1

Section 2: Health care Workforce (cont.)

SL1.8. Does a majority (at least 51%) of your agency's current senior and executive program leadership (i.e., those that are responsible for agency-level decision-making such as clinical and non-clinical department heads/chairs/directors) at Site Location #1 (as indicated on the Organizational Profile) identify as BIPOC? (4 points)* [\[This is a multiple choice selection\]](#)

Yes

No

SL1.9. Does a majority (at least 51%) of your agency's current senior and executive program leadership (i.e., those that are responsible for agency-level decision-making such as clinical and non-clinical department heads/chairs/directors) at Site Location #1 (as indicated on the Organizational Profile) identify as a member of NYC's priority populations that you propose to serve (as indicated in the Organizational Profile)? (4 points)* [\[This is a multiple choice selection\]](#)

Yes

No

SL1.10. Does a majority (at least 51%) of your agency's current program staff (e.g., program managers, program service delivery staff as outlined in the application: outreach staff, navigators, mental health providers, medical providers, and database developer/analyst) at Site Location #1 (as indicated on the Organizational Profile) identify as BIPOC? (2 points)* [\[This is a multiple choice selection\]](#)

Yes

No

SL1.11. Does a majority (at least 51%) of your agency's current program staff (e.g., program managers, program service delivery staff as outlined in the application: outreach staff, navigators, mental health providers, medical providers, and database developer/analyst) at Site Location #1 (as indicated on the Organizational Profile) identify as a member of NYC's priority populations that you propose to serve (as you indicated in the Organizational Profile)? (2 points)*

Yes

No

PAGE 12: PROPOSAL NARRATIVE – PROGRAM DESIGN SITE LOCATION #1

Section 3: Program Design [24 points]

The next few questions ask about your proposed program design for service delivery in PSN 2.0 for Site Location #1. The Program Budget must align and support the proposed program. The agency must respond to this section independently for every Site Location proposed (as indicated in the Organizational Profile).

Note: Be as specific and detailed as possible, giving concrete examples when possible. Responses must demonstrate how the proposed program design is tailored to meet the needs of clients (priority populations aimed to serve as indicated in Organizational Profile) at the indicated site location. Different site locations should have separate and tailored program designs for a site location's context. For these questions, responses should clearly state who will be providing the proposed service (your agency or external partnering agency/subcontractor) and where this service will be provided, if applicable. All the relationships your agency has with other agencies and the type of partner agreements developed (i.e., MOU, LA) should be briefly described. A copy of these partnership agreements must be included in the Application package (see page 53 of the RFP).

SL1.12. Outreach (see page 25 of the RFP for description of Outreach)* (6 points)

SL1.12a. Describe your agency's proposed outreach strategy from a client's perspective (i.e., how will a client who is a member of the priority population(s) you propose to serve experience outreach from your agency?). *Note: Strong and complete responses specify how the proposed outreach strategies will support a client's experience of the three PSN 2.0 guiding principles: 1) client-choice, 2) pleasure and wellness-based approaches to sexual health, and 3) the one-stop shop model.* (2 points)* [Word Limit: 400 words]

SL1.12.b. From the agency's perspective, please describe the step-by-step process by which staff will implement the above proposed outreach strategy including how internal processes such as data collection, documentation, data entry, and management will be completed for each service. *Note: Strong responses should specify which staff member (position/job title) will be conducting each activity and who will be providing each service (i.e., agency, external partner).* (2 points)* [Word Limit: 400 words]

SL1.12.c. How did your agency leverage lessons learned from previous outreach strategies and use it to inform the development of your proposed PSN 2.0 outreach strategy? (1 point)* [Word Limit: 150 words]

SL1.12.d. How is this proposed outreach strategy tailored to reach the priority population(s) you propose to serve (as indicated in the Organizational Profile)? (1 point)* [Word Limit: 150 words]

SL1.13. Navigation (see page 27 of the RFP for description of Navigation) (6 points)*

SL1.13.a. Describe your agency's proposed navigation service model from a client's perspective (i.e., how will a client who is a member of the priority population(s) you propose to serve experience navigation from your agency?). *Note: Strong and complete responses specify how the proposed navigation service model will support a client's experience of the three PSN 2.0 guiding principles: 1) client-choice, 2) pleasure and wellness-based approaches to sexual health, and 3) the one-stop shop model. Responses must include how a client will experience all of the required components of navigation services including but not limited to: education, appointment scheduling support, follow up, case management, and benefits navigation.* (2 points)* [\[Word Limit: 400 words\]](#)

SL1.13.b. From the agency's perspective, please describe the step-by-step process by which staff will implement the above proposed navigation service model including how internal processes such as data collection, documentation, data entry, and management will be completed for each service. *Note: Strong responses should specify which staff member (position/job title) will be conducting each activity and who will be providing each service (i.e., agency, external partner).* (2 points)* [\[Word Limit: 400 words\]](#)

SL1.13.c. How did your agency leverage lessons learned from previous navigation strategies and use it to inform the development of your proposed PSN 2.0 navigation service model? (1 point)* [\[Word Limit: 150 words\]](#)

SL1.13.d. How is this proposed navigation service model tailored to meet the needs of the priority population(s) you propose to serve (as indicated in the Organizational Profile)? (1 point)* [\[Word Limit: 150 words\]](#)

SL1.14. HIV Prevention Services (see pages 31-41 of the RFP for description of HIV Prevention Services in Health Care Settings or pages 41-47 of the RFP for description of HIV Prevention Services in Non-Health Care Settings, as applicable) (6 points)*

SL1.14.a. Describe your agency's proposed HIV prevention service model from a client's perspective (i.e., how will a client who is a member of the priority population(s) you propose to serve receive and experience HIV prevention services from your agency?). *Note: Strong and complete responses specify how the proposed HIV prevention service model will support a client's experience of the three PSN 2.0 guiding principles: 1) client-choice, 2) pleasure and wellness-based approaches to sexual health, and 3) the one-stop shop model. Responses must also include how a client will experience all of the required components of the HIV prevention services including but not limited to: HIV testing, STI testing and treatment, provision of PrEP, emergency PEP, iART and/or HIV primary care and/or linkage to PrEP, emergency PEP, iART, and/or HIV primary care.* (2 points)* [\[Word Limit: 400 words\]](#)

SL1.14.b. From the agency's perspective, please describe the step-by-step process by which staff will implement the above proposed HIV prevention service model including how internal processes such as data collection, documentation, data entry, and management will be completed for each service. *Note: Strong responses should specify which staff member (position/job title) will be conducting each activity and who will be providing each service (i.e., agency, external partner).* (2 points)* [\[Word Limit: 400 words\]](#)

SL1.14.c. How did your agency leverage lessons learned from previous HIV prevention service models and use it to inform the development of your proposed PSN 2.0 HIV prevention service model? (1 point)* [\[Word Limit: 150 words\]](#)

SL1.14.d. How is this proposed HIV prevention service model tailored to meet the needs of the priority population(s) you propose to serve (as indicated in the Organizational Profile)? (1 point)* [Word Limit: 150 words]

15. Supportive Services (see pages 47 – 51 of the RFP for description of supportive services) (6 points)*

SL1.15.a. Describe your agency's proposed supportive services model from a client's perspective (i.e., how will a client who is a member of the priority population(s) you propose to serve receive and experience supportive services from your agency?). *Note: Strong and complete responses specify how the proposed supportive services model will support a client's experience of the three PSN 2.0 guiding principles: 1) client-choice, 2) pleasure and wellness-based approaches to sexual health, and 3) the one-stop shop model. Responses must also include how a client will experience all of the required components of Supportive Services including but not limited to: mental health, substance use, and other supportive services.* (2 points)* [Word Limit: 400 words]

SL1.15.b. From the agency's perspective, please describe the step-by-step process by which staff will implement the above proposed supportive services model including how internal processes such as data collection, documentation, data entry, and management will be completed for each service. *Note: Strong responses should specify which staff member (position/job title) will be conducting each activity and who will be providing each service (i.e., agency, external partner).* (2 points)* [Word Limit: 400 words]

SL1.15.c. How did your agency leverage lessons learned from previous supportive service models and use it to inform the development of your proposed PSN 2.0 supportive service model? (1 point)* [Word Limit: 150 words]

SL1.15.d. How is this proposed supportive services model tailored to meet the needs of the priority population(s) you propose to serve (as indicated in the Organizational Profile)? (1 point)* [Word Limit: 250 words]

PAGE 13: PROPOSAL NARRATIVE – AGENCY WORK PLAN SITE LOCATION #1

Section 4: Agency Work Plan [34 points]

The next few questions ask about the actions that your agency will take to incorporate the above described PSN 2.0 proposed program seamlessly into the agency's Site Location #1 existing services and infrastructure. The Program Budget must align and support the proposed program. The agency must respond to this section independently for every Site Location proposed (as indicated in the Organizational Profile).

Staffing Plan (24 points)

SL1.16.a. For Outreach Staff (3 points)*

SL1.16.a.i. What is the proposed FTE for this role, and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.a.ii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.a.iii. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that is feasible during the start-up period and aligns with building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.a.iv. How will outreach staff receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.b. For Navigator(s) (4.5 points)*

SL1.16.b.i. What is the proposed FTE for this role, and why is this proposed FTE appropriate for the proposed PSN 2.0 program? Please refer to pages 60 – 63 of the RFP for an example on calculating FTEs and staff to client ratio. (1 point)* [Word Limit: 100 words]

SL1.16.b.ii. What is the proposed navigator to client ratio for your agency’s PSN 2.0 program? Why do you propose this ratio and what factors did you consider in the development of this ratio? Tip: Your response must include considerations of historical experience, budget, and understanding of clients who have a mix of varying navigation and case management needs (1 point)* [Word Limit: 100 words]

SL1.16.b.iii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.b.iv. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that is feasible during the start-up period and aligns with building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.b.v. How will navigation staff receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.b.vi. How will navigation staff receive clinical supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.c. For Mental Health Providers (4.5 points)*

SL1.16.c.i. What is the proposed FTE for this role and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.c.ii. What is the proposed mental health provider to client ratio for your agency’s PSN 2.0 program? Why do you propose this ratio and what factors did you consider in the development of this ratio? Tip: Your response must include considerations of historical experience, budget, and understanding of clients who have a mix of varying navigation and case management needs (1 point)* [Word Limit: 100 words]

SL1.16.c.iii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.c.iv. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that is feasible during the start-up period and aligns with building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.c.v. How will a mental health provider receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.c.vi. How will a mental health provider receive clinical supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.d. For Program Manager(s)/Coordinator(s) (3 points)*

SL1.16.d.i. What is the proposed FTE for this role and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.d.ii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.d.iii. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that aligns with supporting the provision of the comprehensive health package of HIV prevention service and building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.d.iv. How will program manager(s)/coordinator(s) receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.e. For Medical Providers (3 points)*

SL1.16.e.i. What is the proposed FTE for this role and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.e.ii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.e.iii. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that is feasible during the start-up period and aligns with building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.e.iv. How will a medical provider receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.f. For Database Developer/Analyst (3 points)*

SL1.16.f.i. What is the proposed FTE for this role and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.f.ii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.f.iii. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that aligns with supporting the provision of the comprehensive health package of HIV prevention service and building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.f.iv. How will a database developer(s)/analyst(s) receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.16.g. For Data Manager(s) (3 points)*

SL1.16.g.i. What is the proposed FTE for this role and why is this proposed FTE appropriate for the proposed PSN 2.0 program? (1 point)* [Word Limit: 100 words]

SL1.16.g.ii. What are the job responsibilities for this role, and what are the preferred credentials you would like in a candidate(s)? (0.5 point)* [Word Limit: 100 words]

SL1.16.g.iii. How will this role be filled or how was it filled (if candidate(s) identified) in a manner that aligns with supporting the provision of the comprehensive health package of HIV prevention service and building a diverse workforce that reflects communities served, including the priority populations indicated in the Organizational Profile? (1 point)* [Word Limit: 100 words]

SL1.16.g.iv. How will data manager(s) receive supervision? (0.5 point)* [Word Limit: 100 words]

SL1.17. Leadership Buy-In: How will senior and executive program leadership (i.e., those that are responsible for agency-level decision-making such as clinical and non-clinical department heads/chairs/directors) support the proposed PSN 2.0 program, including systems-level changes at the identified site location? (2 points) [Word Limit: 200 words]

*

SL1.18. Health Systems Infrastructure: Describe and justify the modifications, upgrades, and/or purchases that will need to be completed to support the proposed PSN 2.0 program for the following infrastructure components. If none will be made for that component, please describe why. *Note: The response must align with the Program Budget.* (4 points)*

SL1.18.a. Client service area improvements (1 point)* [Word Limit: 100 words]

SL1.18.b. Virtual visit areas (1 point)* [Word Limit: 100 words]

SL1.18.c. Technology (1 point)* [Word Limit: 100 words]

SL1.18.d. Data Management (e.g., development of databases, changes to electronic medical records) (1 point)* [Word Limit: 100 words]

SL1.19. Formal partnerships with external partner agencies: Describe how existing formal partnerships (i.e., MOU, LA, MOA, service partnerships, subcontracting) with all the external partners involved in the proposed PSN 2.0 program will be maintained and sustained, should funding be awarded. If no partnerships, please describe why. *Note: The response must align with the Program Budget* (2 points)* [Word Limit: 200 words]

SL1.20. Sustainability: Describe how the proposed PSN 2.0 program is designed to optimize the use of funds and establish sustainability over the course of the program period. (2 points) *Note: The response must align with the Program Budget.* [Word Limit: 200 words]

All of Pages 8-11 will repeat based on the number of Site Locations selected in Q1 of the Organizational Profile. For example, 2 site locations selected, another 3 pages will appear to allow you to answer Q8-20.

PAGE 14: PROPOSAL NARRATIVE – DATA MANAGEMENT

Section 5: Data Management [9 points]

21. Describe how your agency will collect, manage, and enter data such that the following data requirements are met: (3 points)*

21a. Submission of monthly aggregate-level data into NYC HD's online data system (may be aggregate across all clients served by the agency at the specified Site Location) (1 point)* [Word Limit: 100 words]

21b. Submission of client-level data into DNYC HD's online data system (1 point)* [Word Limit: 100 words]

21c. Submission of monthly programmatic and process data in the Integrated Organizational QIM Tool (online) (1 point)* [Word Limit: 100 words]

22. Describe how your agency will ensure that data collected and submitted to NYC HD and PHS is: (2 points)*

22a. Complete and accurate (e.g., how is quality assurance conducted at the agency?) (1 point)* [Word Limit: 100 words]

22b. Confidential and secure (e.g., HIPAA-compliant) (1 point)* [Word Limit: 100 words]

23. Describe how your agency uses internal program data to conduct continuous quality improvement (CQI). Please include one concrete example of how your agency conducted quality assurance and used this data to inform program improvement and decision-making, in the past 12-24 months. (4 points)* [Word Limit: 400 words]

PAGE 15: REVIEW

Please review your responses below. You can also download a PDF of your responses.

Note: You have NOT submitted the Online Form yet. Scroll to the bottom of the page to proceed.

[A copy of all your responses will be shown here and a button will appear to download a pdf of the responses]

PAGE 16: PRE- SUBMISSION

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You are about to submit the Online Form.

You MUST click the Submit button at the bottom of this page for the Online Form to be considered submitted.

Once you click Submit, you will not be able to go back to your responses.

PAGE 17: THANK YOU!

A thank you message will appear.

END OF ONLINE FORM.

REMEMBER:

Completion of the Online Form does not indicate a fully completed RFP proposal submission. Please ensure that you have completed all other required components for a complete proposal submission as described in the RFP.

Please return to the Public Health Solutions Contracting Portal and check off that you have completed this Online Form.