



**Office of Alcoholism and  
Substance Abuse Services**

**HIV – Early Intervention Services  
Request for Proposals**

**October 19, 2015**

[www.oasas.ny.gov](http://www.oasas.ny.gov)

**OASAS 2015 Request for Proposals:  
HIV - Early Intervention Services**

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**NEW YORK STATE  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
HIV Early Intervention Services**

**Expected Timetable for Key Events:**

Release Date.....	October 19, 2015
Letter of Intent <b>MANDATORY</b> .....	October 28, 2015
Bidder’s Conference .....	November 10, 2015
Closing Date for Submission of Bidder Inquiries .....	November 20, 2015
Answers to Bidder’s Inquiries on or about .....	December 9, 2015
Closing Date for Receipt of Bidder’s Proposals .....	December 28, 2015
Anticipated Evaluation and Selection .....	February 1, 2016

**All Inquiries to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)  
Reference: “HIV Early Intervention Services RFP”

**Submission of Proposal to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
Reference: “HIV Early Intervention Services RFP”

**Please be aware that any expenses your agency incurs in the preparation and submission of the proposal(s) will not be reimbursed by the State. Your agency’s continued interest in providing services to the State of New York is appreciated.**

- **FUNDING AVAILABLE:** Up to \$6 million is currently available annually. This amount may increase or decrease based on future State and Federal appropriations.
- **GEOGRAPHIC DISTRIBUTION:** At least 1 award in each of the following high need counties: Bronx, Manhattan, Kings (Brooklyn), Queens, Westchester, Erie, Albany, Monroe, Onondaga, Richmond (Staten Island), Orleans, Nassau, Schenectady, Rockland, and Suffolk.

At least one award to a provider that serves individuals residing in a rural community as outlined on the Rural Assistance Center's website (<http://www.raconline.org/amirural>).

Other counties are eligible to apply.

- **ELIGIBLE APPLICANTS:** Voluntary agencies that have completed the not-for-profit prequalification process and operate OASAS certified substance use disorder treatment programs in the state of New York. Or not-for-profit agencies that have completed the not-for-profit prequalification and have experience in working with HIV/AIDS issues, including HIV testing and referral to HIV care and have experience working with the substance use disorder population, are eligible to apply for this RFP. Proprietary entities are not eligible.
- **GRANT PARAMETERS:** Successful applicants will deliver HIV – Early Intervention Services (EIS) to individuals receiving treatment for a substance abuse disorder.

## **SECTION I. INTRODUCTION AND BACKGROUND**

### **A. Purpose of Request for Proposals**

New York State Office of Alcoholism and Substance Abuse Services (OASAS) announce the availability of funds to provide HIV testing and referral for care and treatment for individuals who are receiving substance use disorder treatment.

OASAS receives federal funds from the Substance Abuse Mental Health Services Administration (SAMHSA). These funds known as Substance Abuse Block Grant Funds for Prevention & Treatment (SABG-PT) are a significant part of OASAS' overall budget. SABG-PT funds are allocated directly to OASAS providers or to County Local Government Units (LGUs). These funds are used to support providers' efforts in delivering treatment, prevention and recovery services.

The focus of this RFP is to ensure OASAS' compliance with SAMHSA grant requirements and corresponding regulations that require the state to expend no less than 5% of SABG-PT funds on HIV Early Intervention Services (HIV EIS). The intent of this service is to increase the availability of HIV testing, make counseling and HIV testing available onsite, provide testing to all participants so they can learn their HIV serostatus, and refer those who test positive to an HIV medical care facility.

Annually, OASAS is to report to SAMHSA on the following data elements:

1. Total number of individuals tested through SABG-PT HIV EIS funded programs;
2. Total number of HIV tests conducted with SABG-PT HIV EIS funds;
3. Total number of tests that were positive for HIV;
4. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection;
5. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period.

Successful applicants will be expected to report the above data elements to OASAS and to maintain supporting documentation of their activities.

## **B. Funding**

Up to \$6 million is available annually for this initiative, to provide HIV EIS to individuals receiving treatment for a substance use disorder. There are no capital funds available through this RFP.

For this service, applicants who submit successful proposals will receive funding via direct contracts.

SABG-PT funds are not to be used to supplant other funding sources.

## **C. Availability of the RFP**

The RFP will be available on the OASAS website. An announcement regarding the RFP will be e-mailed to all known potential eligible agencies and will be advertised in the NYS Contract Reporter. The RFP will also be available on NYS Grants Gateway Grant Opportunity Portal at:

[https://grantsgateway.ny.gov/Intelligrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/Intelligrants_NYSGG/module/nysgg/goportal.aspx)

## **SECTION II. PROPOSALS AND SUBMISSIONS**

### **A. Letter of Intent - MANDATORY**

**Agencies interested in responding to the Request for Proposals are required to submit a non-binding Letter of Intent by 5:00 p.m. Eastern Standard Time, October 28, 2015.** Only bidders who notify OASAS by this deadline will receive additional bid information and have their bid proposals accepted. The Letter of Intent to Bid must be emailed by the organization or the organization's representative to the OASAS Procurements mailbox at [Procurements@oasas.ny.gov](mailto:Procurements@oasas.ny.gov) with the Subject: **"HIV EARLY INTERVENTION SERVICES RFP – Letter of Intent"**. The Letter of Intent to Bid must include the vendor's name, mailing address, a valid electronic mail address, telephone number, a statement of intent to bid for the

subject Request for Proposals, and an authorizing signature. A Letter of Intent to Bid form has been included for your convenience (APPENDIX B).

Any amendments or addendums to the RFP will be posted on the OASAS website and sent only to the designated contacts of organizations who timely submit a Letter of Intent to Bid.

## **B. Bidders' Conference**

A non-mandatory Bidders' Conference will be held on November 10, 2015 from 2:00PM until 4:00PM at OASAS' offices located at 1450 Western Avenue, Albany, New York 12203. **Only those applicants that submit a Letter of Intent by the deadline of October 28, 2015 will be permitted to attend the Bidders' Conference.**

During this meeting, OASAS staff will provide an overview of the RFP and will be available to answer questions related to this RFP. If an applicant is unable to attend the meeting in person, OASAS will make arrangements for participation via conference call. Such applicants should contact the Designated Contact Agent below for details.

## **C. Prequalification Requirement for Not-for-profit Applicants - MANDATORY** **(See APPENDIX D for important information on Maintaining Prequalification Status)**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process. Reforms include requiring not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

**Proposals received from not-for-profit applicants that have not registered and are not prequalified in the Grants Gateway by 5:00 PM on the proposal due date of December 28, 2015 cannot be evaluated. Such proposals will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The **Vendor Prequalification Manual** on the [Grants Reform Website](#) details the requirements and an online tutorial are available to walk users through the process.

### **1) Register for the Grants Gateway.**

- On the [Grants Reform Website](#), download a copy of the **Registration Form for Administrator**. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

- If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov). If you do not know your Password please click the Forgot Password link from the main login page and follow the prompts.

## 2) Complete your Prequalification Application.

- Login to the Grants Gateway. **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields. You must select the State agency with which you have the greatest number of grants. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

## 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity. It is also recommended that once prequalified, vendors monitor their vault status right up until the proposals due date to ensure that the vault remains in prequalified status.**

Failure to prequalify will bar agencies from grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact the OASAS prequalification specialist, Karen Stackrow at [procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

**D. Designated Contact Agent**

OASAS has designated a Contact Agent who shall, unless otherwise notified via an RFP addendum, be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period. The designated contact agent is:

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

**E. Inquiries Related to the RFP**

Any questions or requests for clarification about this RFP must be received in writing by 5:00 PM Eastern Standard Time on November 20, 2015 and must be submitted by email to [procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov) with a subject line **HIV Early Intervention Services RFP**. To the degree possible, each inquiry should cite the RFP section to which it refers. With the exception of inquiries concerning procedural bid formatting or submission instructions inquiries will not be answered on an individual basis. It is anticipated that written responses to inquiries submitted by the deadline date and all questions asked at the Bidders' Conference, will be emailed to all potential applicants that have submitted a timely Letter of Intent on October 28, 2015.

**F. Addenda to the RFP**

In the event that it becomes necessary to revise any part of the RFP, an addendum will be posted on the OASAS website. If an amendment or addenda is made after the due date of the letter of intent, such amendment or addenda will also be emailed to those individuals that have submitted a timely Letter of Intent.

**G. Key Events/Timeline**

<u>Event</u>	<u>Date</u>
Release Date	October 19, 2015
MANDATORY Letter of Intent Due	October 28, 2015
Bidders Conference	November 10, 2015
Closing Date for Submission of Contractor's Questions	November 20, 2015
Anticipated Answers to Contractor's Questions	December 9, 2015
Due Date for Receipt of Contractor's Proposals	December 28, 2015
Anticipated Evaluation and Selection	February 1, 2016

## H. Eligible Applicants

Voluntary agencies that have completed the not-for-profit prequalification process and operate OASAS certified substance use disorder treatment programs in the state of New York. Or not-for-profit agencies that have completed the not-for-profit prequalification and have experience in working with HIV/AIDS issues, including HIV testing and referral to HIV care and have experience working with the substance use disorder population, are eligible to apply for this RFP. Proprietary entities are not eligible.

Applicants who operate an OASAS certified substance use disorder treatment program must be **in good standing**. Such applicants are advised that only those programs with a valid OASAS operating certificate at the time of contract award will be eligible for funding through this Request for Proposals.

For purposes of this solicitation the following definitions apply:

**Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 12, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.”

**In good standing:** All OASAS provider operating certificates must have to a compliance rating of partial (two years) or substantial (three year). Applicants are advised that OASAS certified or funded agencies must be in good standing at time of award.

**NYS OASAS-Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of Chemical Dependence Withdrawal and Stabilization Services, Chemical Dependence Inpatient Rehabilitation Services, Chemical Dependence Residential Rehabilitation Services for Youth, Chemical Dependence Residential Services, or Chemical Dependence Outpatient and Opioid Treatment Services as defined in 14 NYCRR Parts 816, 818, 817, 819, and 822, respectively.

## I. Format of Proposal and Instructions for Submissions

### **Format**

Applicants must submit a separate proposal for each county in which they propose to provide services. The proposal should be typed double-spaced on both sides of 8 ½" x 11" paper. Pages should be numbered. The proposal will be evaluated on the basis of its content, not length. Each proposal should contain:

1. Proposal Cover Letter  
A Proposal Cover Letter will transmit the applicant agency’s Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of

- the applicant agency. The letter should include a designated agency contact name, phone number and e-mail address.
2. Proposal Narrative  
The Proposal Narrative should be concise (no more than 20 pages, not including attachments).
  3. Resumes and/or Job Descriptions which detail qualifications for key staff as well as proposed salaries.
  4. Organizational Chart indicating where the proposed HIV-EIS service will function within the agency's structure.
  5. Information regarding compliance with Part 836 (Justice Center) of the OASAS regulations.
    - 5a. OASAS certified providers: Such providers are subject to Part 836 regulations and should have agency policies that outlines how incidents are to be addressed.
    - 5b. Non-OASAS certified providers: Such providers are not subject to Part 836 regulations however they should address how their agency handles incidents reporting and management.
  6. Information regarding compliance with criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations.
    - 6a. OASAS certified providers: Such providers are subject to Part 805 regulations and should have policies that outlines how their agency will ensure compliance.
    - 6b. Non-OASAS certified providers: For the purposes of delivering HIV EIS services, such providers are expected to conduct criminal background checks on employees who will be in direct contact with clients.
  7. Documentation demonstrating not-for-profit status.
  8. Agency's Conflict of Interest Policy.
  9. Initiative Funding Request Form – APPENDIX A
  10. Budget Narratives for Start-up and Fully Annualized Budgets
  11. Most recent Financial Audit Report or Certified Financial Statement

### **Submission Process**

**ONE ORIGINAL AND FIVE COPIES** of complete proposals in a sealed envelope must be mailed, via delivery service or hand delivered by the organization or the organization's representative to address below:

Karen Stackrow  
 New York State Office of Alcoholism and Substance Abuse Services  
 1450 Western Avenue, 5<sup>th</sup> Floor  
 Albany, New York 12203-3526  
 Attn: Proposal  
 HIV Early Intervention Services RFP

The cover of the sealed envelope should be labeled “**HIV Early Intervention Services RFP**”. **All applications must be received by 5:00 p.m. on December 28, 2015**

## **SECTION III. Administrative Information**

### **A. Vendor Responsibility**

Pursuant to New York State Finance Law Section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at <http://portal.osc.state.ny.us>.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

### **B. Reserved Rights**

OASAS reserves the right to:

1. Reject any or all proposals received in response to this RFP;
2. Not make an award to any applicant who is not in good standing at the time a contract is awarded;
3. Withdraw the RFP at any time, at the agency's sole discretion;
4. Make an award under this RFP in whole or in part;
5. Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State including redistribution of borough allocations where OASAS in its sole discretion determines

such redistribution would best meet the needs of individuals seeking treatment and best serve the interest of the State;

6. Make multiple awards within a geographic area;
7. Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
8. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
9. Seek clarifications and revisions of proposals;
10. Use information obtained through site visits, management interviews and the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
11. Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
12. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
13. Change any of the scheduled dates;
14. Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
15. Waive any requirement that is not material;
16. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
17. Utilize any and all ideas submitted in the proposals received;
18. Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;
19. Accept proposals received after the due date, where in the sole discretion of OASAS, there is a reasonable excuse for the delay. Reasonable excuse may include, but is not limited to, carrier disruption and weather delay;

20. Not make an award to any applicant that is not in Good Standing at the time awards are made; and

21. Cancel or modify contracts due to the insufficiency of appropriations.

### **C. Debriefing**

A debriefing is available to any Applicant that submitted a proposal in response to this RFP (“*Bidder*”). Applicant will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing must be requested in writing by the unsuccessful Applicant within ten (10) business days of OASAS notifying the unsuccessful Applicant that they were not selected for award.

An unsuccessful Bidder must make a written request for a debriefing to the designated contact agent referenced above by electronic mail, or first class mail. The debriefing will be limited to only the evaluation results as they apply to the proposal of the Bidder receiving the debriefing. The debriefing may be in writing, by telephone, by videoconference or in person, at the sole discretion of OASAS.

### **D. Funding Availability and Awards**

OASAS will select successful applicants, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to the amount of available State appropriation authority. Awards will be made until the funds for this RFP are committed.

If an award is made pursuant to this RFP, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with the approval of the Attorney General and the Office of the State Comptroller, shall constitute a contract between a successful applicant and the State of New York.

This RFP, all information submitted in the successful applicant’s proposal and any revisions thereto, any follow-up questions and answers, and any RFP addenda, amendments or clarification will be included as part of the successful applicant’s contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until a contract is signed and approved.

OASAS will provide written notification to the successful applicant(s) and all applicants not selected to receive funding under the RFP.

OASAS intends to enter into multiyear agreements with the initial agreement being for a period of up to five (5) years, subject to funding availability and appropriations.

**OASAS expects the start-up period to be the first quarter of the new contract; and that providers will be at full capacity within six months of receiving the approved OASAS contract.**

## **SECTION IV. Scope of Work**

### **A. Target Population**

The target population are those individuals who are actively receiving treatment for a substance use disorder in an OASAS-certified program and whose HIV status is unknown to them. HIV EIS services are to be provided at the site of an OASAS-certified program and for individuals who test HIV positive, there should be linkages with medical facilities that can provide appropriate HIV/AIDS medical treatment. A prior negative HIV test result does not preclude a person from being re-tested where there are clinical reasons for additional testing (e.g., risk factors, Pre-Exposure Prophylaxis (PrEP) protocols).

### **B. Program Approach and Services**

The proposal should explain the applicant's overall philosophy and approach to delivering HIV EIS services in OASAS treatment settings and demonstrate linkages to HIV/AIDS treatment services. The proposal must address the required elements listed in Section VI (below) and address as many of the preferred elements as the applicant intends to incorporate into its proposal.

### **C. Program Effectiveness**

The proposal should explain how the applicant will measure the expected outcomes of the service strategies delivered upon the target populations selected. This would include methods of measuring changes and tracking performance over time. Propose a process to be used to account for unanticipated outcomes and course correction to improve outcomes.

### **D. Reporting Requirements**

Successful applicants who receive funding under this RFP must agree to comply with the reporting requirements. The minimum reporting requirements can be found in Section VI (C). All awardees will be subject to OASAS monitoring visits and must operate according to all applicable OASAS laws, regulations, contract provisions, and guidelines.

## **SECTION V. Evaluation Factors for Awards**

### **A. Threshold Review Criteria**

Following the opening of bids, a preliminary review of all proposals will be conducted to determine whether the application meets specific thresholds.

The following “threshold review criteria” will be rated either *yes* or *no*. **If any of the criteria are rated *no*, the application will be immediately disqualified from further consideration without exception.**

Contract Unit Threshold Review Criteria:

1. Did OASAS receive the application by the submission deadline date as set forth in the HIV EIS RFP?
2. Did OASAS receive the mandatory letter of Intent by the stated deadline?
3. Was the applicant prequalified in the Grants Gateway by the proposal submission deadline date as set forth in the RFP?

Program Threshold Review Criteria:

4. Is the applicant entity eligible to apply as set forth in Section II H. Eligible Applicants of this RFP?
5. Is the Initiative Funding Request Form completed, signed, and dated?
6. OASAS Regulation Part 836:
  - 6a. OASAS certified providers: Did the applicant include documentation of having a process in place for complying with the Incident Reporting provisions of Part 836 of the OASAS regulations?
  - 6b. Non-OASAS certified Providers: Did the applicant include documentation of having a process in place to address incident reporting and management?
7. OASAS Regulation Part 805:
  - 7a. OASAS certified providers: Did the applicant include documentation of having a process in place for complying with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations?
  - 7b. Non-OASAS certified providers: Did the applicant include documentation on how they plan to conduct criminal background checks on direct service employees.

## **B. Geographic Distribution**

Per Substance Abuse Block Grant for Prevention & Treatment (SABG-PT) regulations HIV-EIS services are to be delivered in geographical areas of the state that have the highest need. Using New York State Department of Health’s most recent data the following counties/boroughs have the highest HIV Case Rates: Bronx, Manhattan, Kings (Brooklyn), Queens, Westchester, Erie, Albany, Monroe, Onondaga, Richmond (Staten Island), Orleans, Nassau, Schenectady, Rockland, and Suffolk. OASAS intends to issue at least one award in each of the high need areas (counties listed above). Other counties are eligible to apply.

Furthermore the state is required to provide these services to individuals who reside in rural communities. For the purposes of this RFP, OASAS will rely on Rural Assistance Center’s website (<http://www.raconline.org/amirural>) for determination of a community’s rural status. Applicants that submit proposals to serve a rural community should use the website to verify

the community's rural status. OASAS intends to issue at least one award to a provider that serves individuals residing in a rural community.

The number of awards will be based on availability of funds and number of acceptable applications. The total will not exceed \$6 million annually statewide.

**C. Review Criteria**

Proposals passing the Threshold Review will be reviewed, rated and ranked in order of highest score based on an evaluation of each applicant's written submission.

The evaluation will apply points in the following categories:

Demonstrated Successful Relevant Experience	15 points
Organizational Capacity	15 points
Program Approach and Services	35 points
Program Effectiveness	15 points
Program Budget	<u>20 points</u>
TOTAL POSSIBLE POINTS	100 POINTS

**D. Method for Evaluating Proposals**

Evaluation of proposals will be conducted in two parts: 1) Program Evaluation and 2) Fiscal Assessment. OASAS' review team, consisting of at least three evaluators, will review the program portion of each proposal and compute a program score. The Program Evaluation includes: Demonstrated Successful Relevant Experience, Organizational Capacity, Program Approach and Services, and Program Effectiveness. All of the program scores will be added together and averaged to arrive at a final program score. A Fiscal Assessment score will be computed separately based on the operating budget, and budget narrative. The final program and fiscal scores for each proposal will be added together, resulting in an overall final score.

In the event that two or more proposals have the same highest overall final score, the proposal with the highest program approach and services score will be ranked highest.

**SECTION VI. Application Proposal**

**Narrative**

When submitting proposals for funding under this RFP, your narrative should be brief (no more than 20 pages, excluding attachments) and address all of the components listed below, in the following order:

## **Project Description**

Provide a narrative which describes in full detail the HIV Early Intervention Services that you propose to offer. Services to be delivered must comply with the current OASAS regulations and any other guidance documents issued by OASAS.

The narrative needs to include a rationale for how your organization is best suited to provide the service.

Proposals will be evaluated based on the following areas:

### **A. Experience (15 points)**

- Describe any information which demonstrates your experience delivering HIV EIS services, including number of years of experience.
- Describe the agency's experience in delivering HIV EIS services using best and promising practices that are appropriate to the setting for which you are applying (outpatient/residential/inpatient).
- Describe the agency's experience providing services to any specific target populations identified in your proposal.
- Describe the agency's experience with integration of Substance Use Disorder (SUD) services with mental health and physical health services, and your understanding of the relationship between SUD and mental and physical disorders.
- Indicate any licenses and /or designations relevant to your application specified in the "Eligibility" Section of this RFP.
- Provide a brief statement detailing the agency's experience with the mandatory activities and responsibilities of the program design.
- Information regarding compliance with Part 836 of the OASAS regulations whether your organization is an OASAS certified provider or not.
- Documentation demonstrating not-for-profit status.
- Agency's Conflict of Interest Policy.

### **B. Organizational Capacity (15 points)**

- Describe how the agency's infrastructure, (e.g. physical setting, organizational/managerial staffing, staff development, etc.) will support the implementation of the proposed HIV EIS services and explain how this program fits into your agency's mission. Attach an organizational chart.
- Describe the organizational capacity to collaborate and partner with other community stakeholders, and integrate services into the identified communities. Identify those partners and community stakeholder groups and include letters of support from each.
- Attach a staffing plan for your proposed HIV EIS services, and for each key staff position, attach a job description of the qualifications and experience that will be required.

- Describe the process by which the agency will comply with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations as they relate to the hiring of new employees whether you are an OASAS certified provider or not.
- Describe your organization capacity and/or strategies that will allow your organization to provide HIV EIS services to any identified cultural, religious and/or linguistic groups.
- Describe the proposed location(s) for the services.
- Describe the structure of your proposed program, including hours, staffing, and administrative and clinical supervision. Include any staff that will provide in-kind support for program activities.
- Provide a Project Timeline delineating the activities required to develop the program (examples: recruitment/hiring of staff, developing program policies & procedures, partnership agreements, obtaining Clinical Laboratory Improvement Amendment (CLIA) Testing Waiver (if applicable)).
- Describe anticipated barriers to providing services and strategies to overcome them.

### **C. Program Approach and Services (35 Points)**

Proposal should present HIV prevalence data for each geographic area/community where clients will be served, and identify the sources of that data.

Each proposal should aim to achieve the broadest geographic coverage feasible and deliver services to the greatest number of individuals. Services are to be provided in a culturally appropriate manner.

Proposals must address how the proposed service will meet the following required elements:

- Increase the availability of HIV testing (not through referral) including the use of rapid test technology.
- Clients are to be offered the opportunity for a pre-test counseling session. Note: Pre-test counseling is not a pre-requisite for HIV Testing.
- Pre-test and post-test counseling sessions, and HIV testing are to be delivered in a confidential manner.
- Providers are to deliver HIV/AIDS awareness/education sessions. Presentations are to include but not limited to HIV Prevention, Syringe Exchange Programs (where available) and PrEP.
- Describe the strategies for insuring that individuals who test positive are successfully linked to HIV/AIDS medical care including confirming appointments while maintaining compliance with confidentiality regulations including 42 CFR (OASAS confidentiality regulations).
- Providers are to maintain client case records that delineate the course of one's involvement in the service. Case records are to be maintained in accordance with applicable state and federal confidentiality laws. The clients' records will serve as supporting documentation for the required SABG-PT reporting.
- Providers are to have policies/protocols in place to ensure that they maximize all other sources of revenue including Medicaid and other Third Party insurance.

- Providers are to report data elements to OASAS. At a minimum, providers will report:
  - Total number of individuals tested through SABG-PT HIV EIS funded programs;
  - Total number of HIV tests conducted with SABG-PT HIV EIS funds;
  - Total number of tests that were positive for HIV;
  - Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection;
  - Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period.
- Applicants who are proposing to provide HIV-EIS services to multiple treatment agencies should include copies of cooperative agreements in their proposal.
- Applicants should have cooperative agreements with Syringe Exchange Programs (SEP) and Expanded Syringe Exchange Programs (ESAP), if available.
- Providers must demonstrate fiscal viability.
- The facility must be well kept, maintain a client-friendly environment, and comply with all OASAS facility standards.
- Providers are to demonstrate that they are authorized to provide on-site HIV testing (e.g. CLIA Waiver) or have a plan to obtain waiver before commencement of the service. If provider already has a CLIA waiver they should include a copy in their proposal.
- The provider should show that it is committed to operating a cost effective program with a clear understanding of the relationship between the cost of providing the service and revenues that they generate, and the ability to control costs as revenue streams change.

**D. Program Effectiveness (15 Points)**

The proposal needs to describe the expected outcomes of selected service approaches, how they will be measured and tracked, and how those results will be used to change or improve programs.

- Describe your data collection methods with regards to the use of the OASAS Client Data System and other sources of data (e.g. Perception of Care Surveys, reports from managed care plans, etc.).
- Explain how you will use the data to determine program effectiveness. Describe how the data will be used to improve programs. Describe how the data will be used to inform trainings and report against contracted outcomes. Describe any processes that you have in place to review the data and make recommendations for changes or improvements in service delivery.

**E. Program Budget (20 points)**

OASAS places greater value on those applicants having a greater reach within communities, as this would maximize the impact of resources and return on investment. Limited funding resources dictate that those applicants that can provide additional resources, budget program, and/or staff supports would have the greater capacity to provide HIV-EIS services.

Budgets must be divided into these major categories: personal services, fringe benefits, O.T.P.S., equipment, property/space, and agency administration. The total agency administration budget

may not exceed 20% of the total program expenses. Each service category proposed must contain the expenses, revenue and deficit funding costs associated with that proposed service. Each Budget must include the number of direct service FTEs needed to provide the service.

If applicable, include a start-up budget for each service, a timeline for program implementation and a narrative that justifies separate funding for initial program implementation. Start-up costs are for one-time expenses only. Costs must be reasonable and necessary for program implementation. The start-up budget is LIMITED to 1/4 of the full annual State aid.

Applicants should identify in the budget section additional budgetary resources you are able to leverage to increase your own service capacity. Identify and include the source of revenue, the amount, and information from the other funding source documenting this level of support.

Program budget scores will be determined by awarding the maximum points to the most cost effective budget. To determine cost effectiveness, a cost per direct care FTE will be calculated by dividing the total OASAS State Aid funding requested by the total number of direct service FTE's identified on the budget. The lowest cost per direct service FTE will be the most cost effective budget. All other budgets will be compared to the most cost effective budget and awarded points based on the percentage difference the cost is from the most cost effective budget. Applicants are to use the [FTE Calculator](#).

All fiscal policies and procedures of this service must be in accordance with New York State Mental Hygiene Law; New York State Finance Law; the Not-for-Profit Corporation Law; Consolidated Budgeting Reporting and Claiming Manual; Consolidated Fiscal Reporting Manual: OASAS Funding Requirements; Contract Documents; Administrative and Fiscal Guidelines for Funded Providers; Local Services Bulletins; all other applicable Federal and State laws and regulations as well as local county/LGU requirements and policies. Please see the [Administrative and Fiscal Guidelines for OASAS Funded Programs](#) as a reference source to all applicable fiscal requirements and Local Services Bulletins.

In addition to state fiscal policies, applicants are to adhere to SAMHSA's federal requirements regarding the use of SABG-PT Funds. The federal requirements can be found at: 45 CFR 96.135 [http://cfr.regstoday.com/45cfr96.aspx#45\\_CFR\\_96p135](http://cfr.regstoday.com/45cfr96.aspx#45_CFR_96p135)

**APPENDIX A**  
**Instructions for Completing the Initiative Funding Request Form (IFR)**  
**(Start-up and Annual Operating Budgets)**

**PROVIDER INFORMATION**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
  
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
  
3. **Applicant’s OASAS Provider Number (if Applicable)** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the *Agency Code* number used when submitting Consolidated Fiscal Report (CFR) documents.
  
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
  
7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.
  
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.
  
11. **County/Borough of Proposed Services** - Enter the name of the county or borough where the proposed services will be developed.

**PART II – OPERATIONAL FUNDING REQUEST**

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

2. **Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date.

**ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.**

3. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

4. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset expenses attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset expenses of its proposal it should so indicate by entering \$0 for each revenue category in Columns A and B.

5. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue** from **Total Gross Expense in Column A and B**.

6. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.
7. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTEs requested as part of this initiative in Columns A and B. The FTE calculator will calculate a total number of FTEs based on the services you propose, and enter these numbers. A direct service FTE is defined as: 1,000 hours of direct HIV – EIS services = 1 FTE.
8. **Applicant Official** – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.
9. **Signature and Date** – The IFR should be signed and dated by the applicant agency representative.

**OASAS 2015 REQUEST FOR PROPOSALS – (HIV – EIS RFP)  
INITIATIVE FUNDING REQUEST (IFR) FORM  
(Start-up and Annual Operating Budgets)**

1. Printed Legal Name of Applicant Entity:		
2. Printed Name of Local Governmental Unit, if Applicable:		
3. Applicant's OASAS Provider Number:	4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:	6. Postal Zip Code:	7. Date Prepared:
8. Printed Name of Applicant Contact Person:		9. Printed Title of Contact:
10. Contact Telephone #:	11. County/Borough of Proposed Service	

**PART II – OPERATIONAL FUNDING REQUEST**

<b>1. Date Initiative expected to be operational:</b>		
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>	<b>(Column A) PROPOSED START-UP OPERATING BUDGET</b>	<b>(Column B) ANNUAL OPERATING BUDGET</b>
<b>2. Gross Expense Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>3. Revenue Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other:                 Specify:		
Specify:		
Specify:		
<b>TOTAL REVENUE BUDGET</b>		
<b>4. NET OPERATING COST</b>		
<b>5. OASAS State Aid Funding Requested</b>		
<b>6. Full-Time Equivalent (FTE) Staff Requested:</b>		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	

**APPENDIX B**

**LETTER OF INTENT TO BID (To be completed by the Bidder)**

**Date:** \_\_\_\_\_

**Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5th Floor  
Albany, New York 12203-3526**

**RFP Reference:**

**OASAS 2015 Request for Proposals:  
HIV Early Intervention Services**

**Dear Ms. Stackrow:**

**This is to notify you of our non-binding intent to submit a bid response on the above noted RFP.**

**The individual to whom all information regarding this RFP (e.g. addenda) should be transmitted is:**

**Sincerely,**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Organization, Street Address, City, State, and Zip Code**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Fax #**

**E-mail Address:** \_\_\_\_\_

**SFS ID# (If Applicable):** \_\_\_\_\_

## **APPENDIX C**

### **Resources:**

SAMHSA's federal requirements regarding the use of SABG-PT Funds Title 42 U.S.C. 300x-24

<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300x-24&num=0&edition=prelim>

Developing Protocols for Limited Service Laboratories Seeking to Offer Rapid HIV Testing in New York State:

<http://www.health.ny.gov/diseases/aids/providers/testing/rapid/sampro.htm>

Rapid HIV Testing Workbook and Implementation Guidelines for Limited Testing Facilities in New York State

<http://www.health.ny.gov/diseases/aids/providers/testing/rapid/workbook.htm>

Rapid HIV Testing Guidance for Licensed Article 28 Facilities

<http://www.health.ny.gov/diseases/aids/providers/testing/rapid/article28guidance.htm>

Rapid HIV Testing: Guidance for Non-Clinical Providers

<http://www.health.ny.gov/diseases/aids/providers/testing/rapid/nonclinicalguidance.htm>

Syringe Exchange Programs: Directory and Hours of Operations

[http://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/docs/sep\\_hours\\_sites.pdf](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/docs/sep_hours_sites.pdf)

Expanded Syringe Exchange Program: Overview

[http://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/overview.htm](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/overview.htm)

Expanded Syringe Exchange Programs: Pharmacy Directory

[http://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/docs/esap\\_pharmacies.pdf](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/docs/esap_pharmacies.pdf)

**APPENDIX C** (continued)

Expanded Syringe Exchange Programs: Health Care Facility Directory

[http://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/docs/esap\\_healthcare.pdf](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/docs/esap_healthcare.pdf)

Expanded Syringe Exchange Programs: Practitioner Directory

[http://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/docs/esap\\_practitioner.pdf](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/docs/esap_practitioner.pdf)

## APPENDIX D

### **Maintaining Grants Gateway Prequalification Status**

Interested applicants should be aware that even after your organization becomes prequalified in the NYS Grants Gateway system, you still need to monitor the status of your document vault to ensure that your organization remains eligible to apply for this grant opportunity on the proposal submission due date.

**Expiring Documents that Effect Prequalification Status** – There are currently three required documents that expire on a yearly basis, and as such, require that your organization's document vault be updated prior to each expiration in order to maintain a *Prequalified* status. These documents are:

- IRS990
- Audit
- CHAR500

It is strongly recommended that you update these required documents proactively (i.e.: before the annual expiration date.) The advantage of a proactive approach is as follows:

- If you proactively open your Document Vault to update required documents prior to expiration your document vault will be placed in *Document Vault Prequalified Open* status. Your organization will remain eligible to apply for grants while in this status.
- Once you have updated and submitted your document vault, your document vault status will change to *Document Vault Prequalified /In Review*. Likewise this is a *Prequalified* status and you are eligible to apply for grants.

However, **if you allow one or more required documents to expire**, your document vault will automatically move to *Document Vault Expired* status. Your organization is **not eligible** to apply for grants in this status. Once your document vault is in the *Document Vault Expired* status, the following must occur before *Prequalified* status can once again be achieved:

1. You must updated and submitted your document vault at which time your status will change to *Document Vault In Review*. (Note: this is not a prequalified status and you are not eligible to apply for grants.)
2. The State Agency assigned to your document vault must review the vault, determine that it meets the prequalification requirements, and change the vault status to *Prequalified*. (Note: This may take several days so you should ensure that you upload updated documents and submitted your document vault as soon as possible after expiration.)

Further details on expiring documents and their effect of your *Prequalification* status can be found at: <https://www.grantsreform.ny.gov/Grantees> under *Quick Links - Maintaining Prequalification*.

## APPENDIX E

### FTE Calculator Instructions

In the [FTE Calculator](#) applicants are to complete a separate excel spreadsheet page for each location/site proposed in the RFP.

**Program Name:** Identify the name of the agency/program where the service will be delivered. If the proposed location is operated by an agency different than the applicant then the operating agency's name should be listed.

**Program Address:** List the physical address of where the program is located.

**A.** In the highlighted box, list the projected number of pre-test counseling sessions, annually.

**B.** In the highlighted box, list the average length of time per Pre-Test Counseling Session (to the nearest quarter hour).

**C.** In the highlighted box, list the projected number of on-site HIV tests, annually.

**D.** In the highlighted box, list the average length of time per On-site HIV test (to the nearest quarter hour).

**E.** In the highlighted box, list the projected number of HIV/AIDS Education sessions, annually.

**F.** In the highlighted box, list the average length of time per educational session (to the nearest quarter hour).

**G. There is no need for applicants to enter information in this section:** OASAS has defined 1,000 hours of direct service as equaling one direct service full time equivalent (FTE). Based on the expectation that HIV – EIS will be delivered over all 12 months (i.e. 52 weeks per year), and the average work week will be 35 hours, this gives a total of 1,820 hours. The remaining 820 hours (0.45 FTE) is the time allotted for coordination of services, travel, paperwork, etc. By formula, Section G will automatically populate the percentage of indirect service hours. Locations showing 1,000 hours of direct service will be allotted 0.45 FTEs for indirect activities. Locations with less or more 1,000 hours of direct service will be allotted a proportionate amount of 0.45 FTEs.

**Summary Tab:** The Summary Tab will display the total number of proposed FTEs for each site and an overall total. Applicants should enter the overall total FTE count on Line number 6 of the Initiative Funding Request Form (APPENDIX A).