Breast, Cervical and Colorectal Cancer Services Program (CSP) Request for Applications (RFA)

RFA #17682 / Grants Gateway # DOH01-CSP1-2018
Applicant Conference
Housekeeping

- All phone lines have been muted
- If you have problems with the webinar, please use the chat box feature to send a question to the Host or, call (518) 474-1222
- The webinar is being recorded and you will receive an email with the link
- We will conduct the presentation and reserve time at the end for questions
- Please submit all questions in writing to the Host using the chat box feature
- All questions received today, and any we are not able to address, will be included in the Question and Answer document
Applicant Conference Intent
Overview

• Provide interested applicants with an overview of the RFA to ensure familiarity with all content

• Identify key dates, deadlines, and processes for application submission

• Review RFA attachments and application content
RFA Information
RFA Information

• The RFA can be downloaded from the NYS Grants Gateway: https://grantsgateway.ny.gov
• Select <Search Now!>
• Type <cancer> in the search by grant opportunity field, and hit <search> to see this:

![](image)

• Hit the RFA link to view the Full Announcement details, Solicitation Profile and a link to “View Grant Opportunity” to get a pdf of the RFA.
RFA Information

• In order to view attachments in the Grants Gateway, you must begin an application:
• Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
• Click on the “View Opportunities” button under “View Available Opportunities”.
• In the Search Criteria, enter the Grant Opportunity name Breast, Cervical and Colorectal Cancer Services Program and select the Department of Health as the Funding Agency.
• Click on “Search” button to initiate the search.
• Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.
RFA Information

• Questions and answers, updates and/or modifications, will also be posted in the NYS Grants Gateway

• All updates will be posted on or about February 22, 2018
# Key Dates

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Interest</td>
<td>February 8, 2018</td>
</tr>
<tr>
<td>Questions</td>
<td>February 8, 2018</td>
</tr>
<tr>
<td>Questions and Answers and Updates Posted</td>
<td>On or about February 22, 2018</td>
</tr>
<tr>
<td>Applications Due</td>
<td>March 12, 2018 by 4:00 p.m.</td>
</tr>
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</table>
Questions

• All substantive questions must be submitted in writing by February 8, 2018, to:

Wendy Gould
canserv@health.ny.gov
Bureau of Cancer Prevention and Control
150 Broadway, Room 350
Albany, NY 12204
Attachment 7
CSP Letter of Interest Template

RFA# 17082
RFA Title: Breast, Cervical and Colorectal Cancer Services Program

Wendy Gould
Bureau of Cancer Prevention and Control
Division of Chronic Disease
Riverview Center • Suite 550
150 Broadway
Albany, NY 12204

Re: RFA #17082

Dear Ms. Gould:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on the Department of Health website: [http://www.health.ny.gov/funding/](http://www.health.ny.gov/funding/)

E-mail address: __________________________

Please indicate which service region that you anticipate applying for:

Service Regions:

1. Queens
2. Brooklyn
3. Bronx
5. Manhattan
6. Suffolk County
7. Nassau County
9. Erie County
10. Capital District I – Albany, Rensselaer, Saratoga, Columbia and Greene Counties
11. Central I – Oneida, Herkimer, Madison, Otsego, Schoharie and Delaware Counties
12. Staten Island
13. Southern Tier – Broome, Chemung, Schuyler, Chenango and Tioga Counties
14. Western I – Chautauqua, Cattaraugus, Allegany and Steuben Counties
15. Onondaga County
17. Orange County
18. Western II – Niagara, Orleans, Genesee and Wyoming Counties
19. Capital District II – Schenectady, Fulton and Montgomery Counties
20. North Country II – Clinton, Franklin and Essex Counties
21. Central II – Cayuga, Cortland and Tompkins Counties

Sincerely,
Applications Due

- Must be submitted in the Grants Gateway by Monday, March 12, 2018 by 4:00 p.m.

- Applicants are **strongly encouraged** to submit their application at least 48 hours prior to the due date and time.

- Late applications will not be accepted.

- Applications will not be accepted by hard copy, email or fax.
RFA
Introduction
RFA Intent

- To implement organized breast, cervical and colorectal cancer screening programs – the Cancer Services Program (CSP)
- Facilitate access to high-quality breast, cervical and colorectal cancer screening and diagnostic follow up services in every NYS county and NYC borough
- Focus on populations disproportionally burdened by increased cancer risk and/or are medically unserved or underserved
RFA Intent

• **Long-term Outcomes**
  – Reduced breast, cervical and colorectal cancer morbidity and mortality
  – Reduced disparities in breast, cervical and colorectal cancer incidence and mortality

• **Intermediate Outcomes**
  – Decreased disparities in breast, cervical and colorectal cancer screening
  – Increased detection of breast, cervical and colorectal cancer at an early stage
  – Increased rescreening rates
  – Increased adherence to timely diagnostic follow-up and cancer treatment referral
  – Increased timely enrollment in the Medicaid Cancer Treatment Program and/or referrals to cancer treatment
RFA Intent

• **Short-term Outcomes**
  – Retention of high quality staff
  – Retention of a comprehensive provider network able to provide access to high-quality, evidence-based breast, cervical and colorectal cancer screening and diagnostic services to CSP-eligible clients throughout the service region
  – Established strategic community partnerships that facilitate increased breast, cervical and colorectal cancer screening among priority and CSP-eligible populations
  – Measurement and use of high quality data
  – Improved knowledge about the need for breast, cervical and colorectal cancer screening among priority and CSP-eligible populations
  – Reduced barriers and increased access to breast, cervical, colorectal cancer screening and diagnostic services for CSP-eligible and priority populations
  – Increased high quality screenings
Funding and Anticipated Awards
Funding and Awards

• DOH anticipates awarding up to 22 contracts, one in each service region, for a five-year period with an expected term of October 1, 2018 to September 30, 2023

• Awards will be made to the highest scoring applicants within each of the 22 service regions

• The total anticipated funding in support of the anticipated 22 State Infrastructure contracts is $7,875,000, for an anticipated five-year value of $39,375,000.
# Funding and Awards

<table>
<thead>
<tr>
<th>Region</th>
<th>Region Name</th>
<th>Counties/Boroughs</th>
<th>Estimated # of Uninsured women ages 40-64/ men ages 50-64*</th>
<th>Annual Infrastructure Contract Value $</th>
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<tr>
<td>1</td>
<td>Queens</td>
<td>Queens</td>
<td>43,535</td>
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<td>2</td>
<td>Brooklyn</td>
<td>Brooklyn</td>
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<td>Bronx</td>
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<td>21,958</td>
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<td>4</td>
<td>Hudson Valley</td>
<td>Hudson Valley: Dutchess, Ulster, Rockland, Putnam, Westchester, Sullivan (6)</td>
<td>17,909</td>
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<td>5</td>
<td>Manhattan</td>
<td>Manhattan</td>
<td>17,665</td>
<td>675,000</td>
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<tr>
<td>6</td>
<td>Suffolk</td>
<td>Suffolk</td>
<td>11,589</td>
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<tr>
<td>7</td>
<td>Nassau</td>
<td>Nassau</td>
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<td>8</td>
<td>Finger Lakes</td>
<td>Monroe, Livingston, Ontario, Seneca, Yates, Wayne (6)</td>
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<td>10</td>
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<td>Albany, Rensselaer, Columbia, Greene, Saratoga (5)</td>
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<td>Southern Tier</td>
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<td>14</td>
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<td>Orange</td>
<td>Orange</td>
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<td>240,000</td>
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<td>18</td>
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<tr>
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<tr>
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<td>North Country II</td>
<td>Essex, Franklin, Clinton (3)</td>
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<td>21</td>
<td>Central II</td>
<td>Cayuga, Tompkins, Cortland (3)</td>
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<tr>
<td>22</td>
<td>North Country III</td>
<td>Warren, Washington, Hamilton (3)</td>
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<td>200,000</td>
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<tr>
<td><strong>Totals</strong></td>
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<td><strong>211,204</strong></td>
<td><strong>$7,875,000</strong></td>
</tr>
</tbody>
</table>

*2015 SAHE data
Term of Contract

• It is expected that contracts will have the time period: October 1, 2018 to September 30, 2023

• Continued funding throughout this five-year period is contingent upon availability of funding, state budget appropriations and contractor performance
Eligibility
Minimum Eligibility

1) Non-profit organizations and municipal agencies located in NYS
2) In Document Vault Prequalified status at the time of application due date within the NYS Grants Gateway (unless exempt from prequalification)
3) Serving 1 Service Region, as listed in Attachment 1 (map)
Preferred Eligibility

1) Health care systems, hospitals, or primary care networks.
2) Demonstrate ability to engage in strategic partnerships to collaborate with existing programs in their service regions that serve the CSP-eligible and proposed priority populations, including, but not limited to:
   • DOH funded: current CSP contractors; organizations subcontracting with current CSP contractors; mobile mammography vans, patient navigation within NAPBC, Peer education and outreach
   • Federally Qualified Health Centers
   • New York State of Health
Project Activities
What is Different?

Overview of Changes:

• Number of CSP contractors reduced from 35 to 22
  – Continuing to serve every county/borough in NYS

• Targeted outreach efforts focused on reaching priority populations disproportionately affected by breast, cervical and colorectal cancer

• CSP participating providers will be directly reimbursed by the State and HRI for all services rendered to eligible clients

• All contractors will implement patient navigation activities

• Removes paid leave for cancer screening initiative from CSP contractor scope of work
Populations to be Served

Programs will facilitate access to high quality breast, cervical and colorectal cancer screening and diagnostic follow-up services for CSP-eligible residents within their service regions, with a focus on priority populations that are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved.
CSP-Eligible Clients

Criteria:
- Individuals who are uninsured or underinsured
- Income:
  - Household income is at or below 250% of the Federal Poverty Guideline (FPG) or
  - Live above 250% of the FPG but attest, on a client consent form, they are unable to afford the cancer screening and diagnostic services
- Age:
  - Breast cancer screening:
    - Women aged 40 and older
    - Women under 40 at high risk
  - Cervical Cancer Screening
    - Women ages 40 and older
  - Colorectal Cancer Screening
    - Men and women aged 50 and older may receive colorectal cancer screening
    - Individuals under age 50 at increased risk of colorectal cancer
Priority Populations

Sub-groups of the general population who are disproportionately affected by breast, cervical and colorectal cancer

• Individuals ages 50 to 64;
• Women who are rarely or never screened for cervical cancer
• Individuals who are medically unserved or underserved including, but not limited to, those who experience barriers to services due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy, and language
Comprehensive Cancer Screening Services

Individuals receive all appropriate cancer screenings for which they are eligible*, for example:

• Women aged 50 and older who meet the CSP eligibility criteria should be provided with guideline-concordant breast, cervical and colorectal cancer screenings

• Clinics or health systems in which patient navigation services are implemented should facilitate access to all screening services for which patient populations are eligible

*Access should not be limited to screening for just one cancer
CSP Operations Manual

Provides detailed guidance, descriptions, forms and resources on all required scope of work

• A copy of the manual will be made available to anyone submitting a letter of intent, a question, or, by request via an email to canserv@health.ny.gov; write, “RFA #17682 Operations Manual” in the subject line
Program Performance Measures

Contractors are expected to meet or exceed performance measures as listed in attachment 4

– Clinical performance measures
– Programmatic performance measures
Scope of Work

1. Program Management & Leadership
2. Education & Promotion
3. Targeted Outreach
4. Provision of Health Services: Screening, Diagnostic and Case Management Activities
5. Patient Navigation & Evidence-Based Interventions to Improve Cancer Screening in Health Systems
6. Program Monitoring, Reporting & Evaluation
1. Program Management & Leadership

Contractor will lead, coordinate and administer the program throughout the entire service region and is responsible for meeting all contractual requirements.

Key Activities:
• Start-up and transition activities complete by 12/31/18 (Attachment 5)
• Provide & maintain a qualified, sufficient staffing structure addressing all required functions
• Attend and participate in all regional and statewide meetings, attend required trainings and participate in all required webinars, at the direction of the Department
• Provide resources and support necessary to manage State contracts, fulfill programmatic, fiscal and administrative contract obligations, and facilitate the smooth operation of the contract and fully and appropriately expend funds
2. Education & Promotion

Conduct evidence-based activities to raise awareness about the need and resources for cancer screening and to promote the CSP to recruit eligible clients for CSP services, targeting priority populations

Key Activities:

• Develop and deliver messaging to encourage individuals to seek cancer screening and enroll in the CSP using/conducting
  – Small media
  – Local-level media campaigns
  – Deliver education using group and one-to-one sessions

• Conduct a minimum of three (3) earned media attempts per quarter to promote the CSP increase community awareness and support for cancer prevention and control initiatives

• Communicating with and educating key stakeholders, such as local decision-makers, community leaders, elected officials, and organizational decision-makers

• Note: paid media is not required, however, can be used to promote the CSP as funds allow
3. Targeted Outreach

Identify priority populations who are disproportionately burdened by an increased risk of cancer and/or who are medically unserved or underserved and develop, implement and evaluate interventions to increase cancer screening

Key Activities:

• Submit a written targeted outreach plan for Department approval by 12/31/18 that will be updated by September 1 for each program year thereafter

• Identify individuals who are members of the priority population(s) and who share similar social backgrounds or life experiences to deliver group and one-to-one education

• Develop strategic partnerships and referral relationships with organizations that regularly serve eligible and priority populations to increase referrals to the CSP
  – Collaborate with other Department cancer screening initiatives
  – Statewide internal and external partners (i.e. ACS, New York State of Health, etc.)
4. Provision of Health Services
Screening, Diagnostic & Case Management

Implement, monitor, and manage systems to identify, enroll and provide comprehensive, guideline-concordant breast, cervical and colorectal cancer screening and diagnostic services to CSP-eligible men and women

Key activities:

a. Establish a comprehensive provider network
b. Establish systems for client eligibility assessment, intake, enrollment and provision of eligible services
   - Clinical oversight
   - Collect and report client data via CSP on-line data system
   - Implement a client reminder system to recall existing clients for rescreening at appropriate intervals
c. Case Management
d. Referrals to Medicaid Cancer Treatment Program
e. Provider reimbursement
5. Patient Navigation (PN) and Evidence-Based Interventions (EBIs)

PN: Work with selected clinic site(s) to identify individuals in the priority populations who need screening, and facilitate their access to breast, cervical and colorectal cancer screening, regardless of CSP eligibility

- Submit Memorandums of Understanding/Memorandums of Agreement (MOU/MOA) from PM clinic sites within 90 days of receiving notice of award

Key activities:
- Submit a PN & EBI implementation plan on or before May 1, 2019 (updated annually no later than September 1 each year)

- Identify and/or hire PN staff
  - PN staff may be hired directly by the contractor, employed by a clinic via a subcontract or by hiring a consultant

- Obtain and report breast, cervical and colorectal cancer screening rates bi-annually to measure progress
5. Patient Navigation (PN) and EBI’s

**EBI Implementation**: Work with selected clinic(s) sites to implement one EBI annually to support increases in breast, cervical and colorectal cancer screening.

**Examples:**

- Patient reminders
- Provider reminders and/or provider assessment and feedback systems
- Reducing structural barriers to cancer screening
- Establishing a health center policy and related workflow for cancer screening
6. Program Monitoring, Reporting and Evaluation

Reporting via the online, secure CSP data system- 2 components:

- Database for reporting of CSP-eligible clients receiving services from participating providers and for whom reimbursement is requested

- Performance and evaluation database to report on progress towards implementation of work plan activities including but not limited to:
  - PN & EBI implementation
  - Targeted outreach/Education & Promotion
Required Staff and Key Functions

Required Staff:

1. Contractor hires and employs a Program Coordinator recommended at a 1.0 full time equivalency (FTE) to
   – Serve as the primary point of contact with the Department, subcontractors, consultants, partners and clinical service providers for contract activities and communications
   – Plan and implement the required scope of work as needed to meet program outcomes and performance measures
Key Functions

- Education, Promotion and Targeted Outreach
- Clinical Care Coordination
- Case Management
- Patient Navigation
- Intake & Eligibility
- Data Management
- Fiscal Management

* One appropriately qualified person may be responsible for multiple functions, but all functions will be fulfilled
Required Staff and Key Functions

- **Staff** employed by the contracting agency are included in the application proposed personal services budget.
- **Subcontractors/consultants** enter into formal agreements with the contract agency and are included in the proposed non-personal services budget.
- **Strategic Partners** are individuals or community organizations that have common goals and/or priority populations and agree to offer services, goods, etc., to fulfill RFA requirements at no cost (not included in the application budget).
Other Staffing Requirements

Staff, subcontractors/consultants or partners fulfilling the program coordinator and other key functions should have the competencies and ability to:

• Implement the full scope of required activities
• Serve and travel to all areas of the service region, with no counties within a multi-county service region left uncovered
Grants Gateway
Grants Gateway

The New York State Grants Gateway works in two ways:
  • Grant Opportunity Portal.
  • Grantee Document Vault

How to Register in the Grants Gateway:

  • To register in the system your organization will need to complete and submit a signed and notarized original Registration Form for Administrator as well as an Organizational Chart to the NYS Grants Reform. The Registration Form will delegate an individual as the Delegated Administrator whom will manage the user account and you will be assigned a username and password.

  • If you have previously registered and do not know your Username please email grantsreform@its.ny.gov. If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.
http://grantsreform.ny.gov/Grantees

Training Calendar
Grants Gateway Registration Form

Grantee User Guide
Quick Start Guide: Applications

Prequalification Manual
Maintaining Prequalification

Help – grantsreform@its.ny.gov and matthew.Garrity@health.ny.gov
## Training Calendar

### Applying for a Grant - Grants Gateway

- **When**: Tue, February 6, 10:00am – 11:15am
- **Description**: This approximately one-hour webinar will show applicants how to find and apply for a grant opportunity in the NYS Grants Gateway system.

This is a webinar hosted by WebEx.

- **Topic**: Grants Gateway - Applying for a Grant
- **Date**: Every Tuesday, Thursday
- **Time**: 10:00 am, Eastern Standard Time (New York, GMT-05:00)
- **Meeting Number**: 646 257 081
- **Meeting Password**: GG2017

**Login Information:**

- [more details](#)  
- [copy to my calendar](#)
This table provides a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application in the Grants Gateway:

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<th>Grantee Role</th>
<th>Create and Maintain User Roles</th>
<th>Initiate Application</th>
<th>Complete Application</th>
<th>Submit Application (Sign Contracts)</th>
<th>Only View the Application</th>
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<tr>
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### Breast, Cervical and Colorectal Cancer Services Program (CSP) Menu - Forms

Please complete all required forms below.

**Document Information:** [DOH01-CSP1-2018-00005](#)

### Forms

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<td>Full Version of RFP</td>
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Grants Gateway
Submitting the application

If you don’t attend/view the training, some things to keep in mind:

• The following Grantee Roles can submit an application:
  – Grantee Contract Signatory
  – Grantee System Administrator

• To check your application for errors, click on the “Check for Errors” link under the **Management Tools** link. This will provide you a list of errors that need to be corrected before submission.

• In order to submit your online application, click **Status Changes**
M/WBE Requirements
Minority- and Women-Owned Business Enterprises
M/WBE Requirements

- The requirements of this agency's MWBE EEO program are outlined in Article 15-A of the New York State Executive Law and its associated regulations.

- The Department has set its M/WBE Participation Goal at 30% of budget eligible expenses on any grant contract valued over $25,000. This includes new contracts and renewal contracts.

- NYS requires that all contractors, including those with contracts that are 100% Federally-funded, comply fully with the M/WBE initiative.
M/WBE Requirements
-Who is Responsible for Considering M/WBE Goals?- 

- Not-for-Profit Contractors, Counties and Local Governmental Jurisdictions must consider the Department 30% MWBE goal with all subcontracts, purchase agreements for services, products or commodities being secured with discretionary funds from the Non-Personal Services portion of the budget.

- Not-for-Profits are the ONLY entities where the 30% MWBE Goal is applied to the total amount of eligible expenses in the Non-Personal Services Portion of the Grant.

- Every other type of entity (Municipalities, For-Profits or other Governmental Entities) the MWBE goal is applied to the full value of the contract.

- Attachment 8 of the Pre-Submission Uploads section provides both sets of required MWBE Forms for NFPs and Counties. Because these forms are completed differently depending on entity type, we clarify that pages 1-10 are to be completed by NFPs and pages 11-20 for governmental entities.
M/WBE Requirements

-What are Discretionary Non-Personal Services and Eligible Expenses?

- Discretionary Spending:
  - Procurements, earmarked in the Non-Personal Services (NPS) section of the budget, where the contractor has options as to who to select in order to solicit a service, product or commodity.

  - Discretionary purchasing also improves opportunities for M/WBE vendors to secure business with the state. Contractors should start considering opportunities for M/WBE utilization while building the budget in the Grants Gateway application.

- Eligible Expenses:
  - Eligible Expenses is the cumulative total amount of NPS costs in the budget that can be outsourced to M/WBE firms, including:
    - Contractual Services
      - Contractual Services with Not For Profits should not be counted towards total eligible expenses as these cannot be solely minority or woman owned
    - Equipment
    - Supplies
M/WBE Requirements

-What is Discretionary Non-Personal Services and Eligible Expenses?- 

• **Examples of Contractual Services:**
  – Consultants for Program Services, Janitorial Services, Lecturers, Instructors (Yoga, Zumba, Exercise, Nutrition), Equipment Maintenance, Computer/IT Services, and Accounting/Audit Services.

• **Examples of common discretionary NPS Budget items:**
  – **Equipment:** Computers, Printers, Desks, Chairs, Electronics, Accessories and Recreational or Sports Equipment.
  – **Supplies:** Operating Expense Materials including Advertising, Program Supplies, Office Supplies, Educational Supplies, Arts and Crafts Supplies, Paper Products, and Printing Services.

• **Examples of Budget items which are NOT considered towards the M/WBE goal:**
  – Personnel costs including Fringe Benefits, Rent, Utilities, Telephones, Travel Expenses, Postage and Administrative Rate Costs.
M/WBE Requirements
-Determining Potential M/WBE Vendors-

• Only New York State Certified Minority- and/or Women-Owned Businesses can count towards the 30% participation goals. Businesses certified through other entities or jurisdictions cannot be counted towards contract goals.

• Certified M/WBE Vendors can be located by searching the Directory found on the NYS Contract System Website at https://ny.newnycontracts.com by clicking ‘Search the Directory’ in the center of the page.

• For Subcontractors who are eligible and interested in becoming M/WBE Certified, information regarding Qualifications and the certification process can be found at: https://esd.ny.gov/doing-business-ny/mwbe/mwbe-certification-eligibility-requirements or by clicking ‘Certify or Recertify with New York’ on the NYS Contract System website above.

• Check the Questions and Answers documents for potential subcontractors.
M/WBE Requirements
-Taking a Look at the NYS Contract System Website-

About
New York State is working harder than ever to make this state the gateway to attract and grow Minority and Women-Owned Business Enterprises (MWBEs).

The New York State Contract System ("NYSCS") enables users to apply for NYS MWBE certification, search for NYS MWBE certified firms, and easily interact with our State agencies and authorities.

NYS Directory of Certified Firms
Search the NYS MWBE Directory of Certified Firms.

MWBE Program Information and Resources
Find additional information and resources through Empire State Development and the Division of Minority and Women's Development (DMWBD).

NYS Bid and Grant Opportunities
M/WBE Requirements
-Taking a Look at the M/WBE Directory-

NYS M/WBE Directory

Search the NYS M/WBE Directory of Certified Firms by entering search terms and clicking **Search**. You must select at least one certification type.

New York State utilizes industry standard product and service codes for construction, professional services and commodities to better facilitate the sourcing of firms. For more information click here.

<table>
<thead>
<tr>
<th>Search by Certification Type</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifications</td>
<td>☑ Minority Business Enterprise (MBE)</td>
<td>☑ Women Business Enterprise (WBE)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search by Business Name or DBA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name/DBA</td>
<td>Tip: Try just a few letters of the firm's name.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search by Business Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Business Description</td>
<td>Tip: Try just a few letters of a keyword.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Search by Commodity Code</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Commodity Codes</td>
<td><strong>Click to Lookup Commodity Codes</strong></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search by Contact Person</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Last name</td>
<td></td>
</tr>
</tbody>
</table>
M/WBE Requirements
-Completing the MWBE Utilization Forms-

Required Documents:

**Form 1 - MWBE Utilization Plan:**
- Page 1 – Contractor information, Description of MWBE plan, and Eligible Expenses
- Pages 2 & 3 – Provide information on selected Minority- or Woman-Owned Businesses

**Form 2 - MWBE Waiver Request (if applicable):**
- Complete this form and provide all relevant supporting attachments when your organization determines that it cannot meet the Department 30% MWBE participation goal.

**Form 4:** Staffing Plan Form

**Form 5:** Equal Employment Opportunity Policy Statement
Example MWBE Utilization Plan: Form 1 Page 1

Applicant/Grantee Name: 

Vendor ID: 

Telephone No. 

RFA/Contract Title: 

RFA/Contract No. 

Description of Plan to Meet MWBE Goals (Use pages 2-3 to provide specific M and W subcontractor information)

We plan to meet the Department’s 30% M/WBE goal by....

Use Pages 2 & 3 to provide more detailed description of how organization will utilize an M/WBE and provide specific subcontractor information.

PROJECTED MWBE USAGE

<table>
<thead>
<tr>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Dollar Value of Eligible Expenditures on Budget (Does not include Personal Services, Fringe, Rent, Space, Utilities)</td>
<td>$ 5,000.00</td>
</tr>
<tr>
<td>2. MBE Goal Applied to Eligible Expenditures</td>
<td>15%</td>
</tr>
<tr>
<td>3. WBE Goal Applied to Eligible Expenditures</td>
<td>15%</td>
</tr>
<tr>
<td>4. MWBE Combined Eligible Expenditure Totals*</td>
<td>30%</td>
</tr>
</tbody>
</table>
### Page 2: MBE Utilization

<table>
<thead>
<tr>
<th>MBE Firm (Exactly as Registered)</th>
<th>Description of Work (Products/Services) [MBE]</th>
<th>Projected MBE Expenditure Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Page 3: WBE Utilization

<table>
<thead>
<tr>
<th>WBE Firm (Exactly as Registered)</th>
<th>Description of Work (Products/Services) [WBE]</th>
<th>Projected WBE Expenditure Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer I.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Example MWBE Utilization Plan: Form 2 – Waiver Request**

- Complete the Form 2 Waiver Request Form when your organization determines it cannot meet the Department’s 30% MWBE participation goal. Form 2 requires the grantee to document the Good Faith Efforts taken in attempting to meet the participation goal through providing relevant attachments. See the MWBE Instructions page for a list of attachments that should accompany the Waiver.

<table>
<thead>
<tr>
<th>Applicant/Grantee:</th>
<th>Federal Identification No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Solicitation/Contract No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code:</th>
<th>M/WBE Goals: MBE ___ % WBE ___ %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(From Lines 2 &amp; 3 of Form #1)</td>
</tr>
</tbody>
</table>

By submitting this form and the required information, the officer or contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.

**Contractor is requesting a:**

- MBE Waiver – A waiver of the MBE Goal for this procurement is requested. [ ] Total [ ] Partial
- WBE Waiver – A waiver of the WBE Goal for this procurement is requested. [ ] Total [ ] Partial
- Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)

Date of such filing with Empire State Development: __________

**PREPARED BY (Signature)**

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

<table>
<thead>
<tr>
<th>Name and Title of Preparer (Printed or Typed)</th>
<th>Telephone Number</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
M/WBE Requirements
-What is Expected of the Grantee?-  

• Read the RFA (pages 30-32) to better understand the specific M/WBE requirements.
• Identify all discretionary Non-Personal Service items in the approved budget and determine the total amount of Eligible Expenses.
• Calculate the M/WBE participation goal amount by multiplying the total Eligible Expenses by 30%. This amount of funds is what would have to be utilized through a certified M/WBE to meet the Department goal.
• Review a list of discretionary NPS items to be purchased and use the Directory of NYS Certified M/WBEs on the NYS Contract System website to identify appropriate vendor(s) to provide the goods and/or services.
• Complete the M/WBE Utilization Plan Forms to document any purchases made, total Eligible Expenses, Subcontractor information (if applicable), and provide the necessary Form 2 and good faith attachments if a Waiver is being requested.
• Complete and sign the Form 4 Staffing Plan and Form 5 EEO Policy Statement.
• Upload your completed M/WBE Forms to the Pre-Submission Uploads section before submitting the application.
• Contact Matthew.Garrity@health.ny.gov with questions.
Vendor Responsibility
Vendor Responsibility Questionnaire

- The Office of the State Comptroller (OSC) Vendor Responsibility System (VendRep) allows businesses to enter and maintain their Vendor Responsibility Questionnaire (VRQ) information in a secure, centralized database. The NYSDOH Vendor Responsibility Unit uses the responses from the VRQ to determine if vendors are deemed ‘Responsible’ to conduct business with NYS.

- Please see pages 32-33 of the RFA for more information and links to the Office of the State Comptroller Vendor Responsibility (VendRep) system. http://www.osc.state.ny.us/vendrep/index.htm

- In Pre-Submission Uploads, complete and submit Attachment 10 – Vendor Responsibility Attestation indicating how you intend to submit your Vendor Responsibility Questionnaire should your organization receive an award.
Vendor Responsibility

• Vendor Responsibility is a requirement for contracts resulting from the RFA anticipated to exceed $100,000 over the life of the procurement.

• Subcontractors anticipated to exceed $100K over the life of the procurement will also be subject to Vendor Responsibility, and therefore must have an SFS Vendor ID, register in the OSC VendRep System, and certify a VR Questionnaire.
Vendor Responsibility

• Contact Information:

For questions regarding Vendor Responsibility, Logging in to the VendRep System, or certifying a Questionnaire, you may email ciohelpdesk@osc.state.ny.us or call 866-370-4672 or 518-408-4672.
Completing the Application
General Application Guidance

• Please refer to the Quick Start Guide for assistance applying for this RFA through the NYS Grants Gateway. This guide is available on the Grants Reform website at: https://grantsreform.ny.gov/grantees.

• When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.
## Application Content and Grading

<table>
<thead>
<tr>
<th>Application Sections</th>
<th>Maximum Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>0</td>
</tr>
<tr>
<td>CSP Eligible and Priority Populations/Statement of Need</td>
<td>10</td>
</tr>
<tr>
<td>Capacity and Experience</td>
<td>15</td>
</tr>
<tr>
<td>Work Plan</td>
<td>5</td>
</tr>
<tr>
<td>Technical Proposal</td>
<td>30</td>
</tr>
<tr>
<td>Staffing, Key Functions, and Qualifications</td>
<td>20</td>
</tr>
<tr>
<td>Budget</td>
<td>20</td>
</tr>
<tr>
<td>Preferred Eligibility Qualifications</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>
Pre-Submission Uploads

- CSP Letter of Interest Template (optional)
- Minority & Women-Owned Business Enterprise Requirement Forms (required)
- CSP Application Cover Sheet (required)
- Vendor Responsibility Attestation (required)
- Applicant Agency Board of Directors (if applicable)
- Applicant Agency Organizational Chart (required)
- Letters from Clinical Service Providers (required)
- Job Descriptions and Resumes (required)
- Letters of Collaboration (required)
- CSP Proposed Staffing Organizational Chart (required)
- Fringe Detail Sheet (if applicable)
Executive Summary

• Not scored

• Must include:
  – service region
  – specific priority populations
  – Patient navigation sites, if known

• Other information about how you will implement full scope of work throughout service region (e.g., strategic partners, types of evidence-based interventions, type of intake and case management, etc.)
CSP Eligible and Priority Populations/Statement of Need

• Provide detail to describe your geographic service region and the CSP-eligible populations in your region to be addressed by your CSP
• Describe the barriers to obtaining all 3 cancer screenings for the CSP-eligible population, in your service region
• Provide detail to describe the priority populations within your service region to be addressed by your CSP
• Be specific about the medically unserved or underserved populations
Capacity and Experience

• Describe applicant’s experience and unique qualifications:
  – Managing grants, ensuring full and qualified staffing, contracts, and/or formal agreements with partners
  – Implementing all required activities throughout entire services region
  – Working with persons who experience barriers to service
  – Conducting education and promotion
  – Implementing successful interventions within health care systems to improve patient outcomes
  – Providing or coordinating provision of screening and diagnostic services, patient navigation and EBIs to improve cancer screening
Capacity and Experience

• Include responses to specific questions about:
  – How your experience/qualifications demonstrate your ability to meet the program performance measures
  – How your organization is prepared to address typical barriers to maintaining full staff/functions
  – How you measured success
  – How you addressed barriers to sustaining health systems improvements
Work Plan

• 12-month Work Plan for first budget period, October 1, 2018 – September 30, 2019

• Use Attachment 11, Grants Gateway CSP Work Plan Instructions to complete the Work Plan

• Copy and paste required text in each section exactly as listed in Attachment 11

• The Objectives and Tasks cannot be removed from the Work Plan

• Insert only the Performance Measures as they are listed for each objective and task in Attachment 11
Technical Proposal

• Section with the greatest point value
• Includes a number of required uploads
• Describes plans for implementing the program for the full, 5-year grant period, throughout the entire service region
• Organizational structure, systems and activities should be designed to meet or exceed the CSP Performance Measures, Attachment 4
• Review the Technical Proposal questions, compare to Scope of Work and ensure all requirements are addressed
Technical Proposal

- Clearly depict the organization, management and administrative structure to ensure full program implementation; include:
  - Board of Directors
  - Organizational Chart w/CSP clearly shown
- Describe seamless transition for current CSP clients
- Clearly describe education and promotion activities (EBIs) tailored to each population
- Describe partners you will engage to reach each population
- Describe and list providers to ensure #s, types and locations ensure provision of clinical services to each population throughout service region; include Letters from Clinical Providers
Technical Proposal

• Include type of eligibility assessment and client intake
• Describe systems for timely client data reporting and collection to meet CSP performance measures
• Describe how clients will be recalled for screening at required intervals
• Describe case management systems (centralized, decentralized or both); what steps will be implemented to address common barriers to receipt of follow up diagnostic services?
• Describe how you will ensure that you will meet or exceed the MCTP enrollment CSP performance measures
Staffing, Key Functions & Qualifications

• Describe who and how you will fill all required positions and functions
• Provide job descriptions
• If staff, subcontractors, consultants and/or partners filling positions/functions are known, include resumes that demonstrate their qualifications for the job descriptions. If these are not known, include the qualifications in the job descriptions or job postings.
• If subcontractors, consultants or partners are filling positions/functions, include Letters of Collaboration
Staffing, Key Functions & Qualifications

- Provide Staffing Organizational Chart, Attachment 17
- Describe how orientation, supervision, etc. will be provided, by whom; resumes for this/these person/s should be included in Attachment 15
- Describe administrative activities, including; payroll, bookkeeping, invoicing, and fiscal controls.
Budget and Justification

• Use Attachments 18 and 19 to complete the budget
• Complete budget for year 1 only, October 1, 2018 – September 30, 2019
• Use the 12-month infrastructure contract values for your service region provided in Attachment 2; do not exceed that budget value
• All costs should directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective
• All required fields in the Grants Gateway (marked with an asterisk “*”) must be completed or you will get an error message
Budget and Justification

- Include required travel
- Use of incentives is allowable with appropriate justification
- If subcontracting, the contractor must retain 30% of the work in dollar value
- Consider staff effort/s when determining appropriate allocation of purchase costs for such items as equipment, cell phones, etc.
- "Match funds" are not required for this contract and those sections of the budget should be left blank
- Administrative/Indirect costs are not allowed
Budget and Justification

• It is strongly recommended that applicants review the specified character limits prior to entering data
• Ensure that the calculations used in the justifications directly align with (match) the budgets requested
• Successful applicants will be required to upload subcontractor and consultant agreements, signed by both parties upon contract award
• Travel estimates should be based on either the written standard travel policy of the contractor, the Office of the State Comptroller or the General Services Administration (GSA) rates
Preferred Eligibility

• May receive up to 10 additional points
• 5 points if applicant is a health care system, hospital, primary care network
• Up to 5 points for letters of collaboration from one or more of, but not limited DOH funded:
  – current CSP contractors; organizations subcontracting with current CSP contractors; mobile mammography vans, patient navigation within NAPBC, Peer education and outreach
  – Federally Qualified Health Centers
  – New York State of Health
• Letters must include information requested in application content section
Review and Award Process

- Applications meeting the minimum eligibility requirements will be reviewed and evaluated competitively
- A minimum of 60 points out of a possible 110 is required to be considered for funding
- The highest scoring applicant in each of the 22 service regions will be funded
Attachments/Uploads

• Attachments are accessed in the Pre-Submission Upload section within the Forms Menu of an online application and are not included in the RFA document.

• In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”
Attachments/Uploads

- Attachments 1, 2, 3, 4, 5, 6, 11, 18 and 19 are located in the Pre-Submission Uploads and are for applicant information only. These attachments do not need to be completed.
- Attachments 7, 8, 9, 10, 12-17, and 20, are located in the Pre-Submission Uploads and must be completed and/or uploaded to Pre-Submission Uploads to be submitted with the application
- No templates are provided for Attachments 12-17 as these must be created by the applicant and uploaded in the available space
- Attachments should be no larger than 10MB and uploaded to Pre-Submission Uploads
QUESTIONS?