AMENDED Request for Proposals

Cardiovascular Health Innovation Program

All changes in the RFP are noted in yellow highlight. Deletions are shown in strikeout font (strikeout font); insertions are shown in bold underlined font (bold underlined font)

Date Issued: January 17, 2025

Amendment #1 Issue Date: February 20, 2025

Submission Deadline: February 21 February 28, 2025

RELEASED BY:



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Table of Contents

	Page
Acronyms & Abbreviations	3
SECTION I: Introduction	
Summary of Request	4
About the Partners	4
Background and Need	4
Eligibility & Selection Criteria	5
Funding Terms	6
Funding Source	6
Payment	6
SECTION II: Scope of Services	
Project Scope of Services	7
Project Deliverables	7
Potential Indicators	7
Additional Requirements	8
NYC Health Department Support	8
SECTION III: Application Requirements	
RFP Timetable	9
RFP Inquiries, Written Questions and Answers	9
Application Deadline	9
Proposal Contents	10
Application Submission Instructions	10
Addenda to the RFP	10
SECTION IV: Selection Process and Review Criteria	
Evaluation Criteria and Selection Process	11
Basis for Award	11
Award Process	11
SECTION V: Provisions and Limitations	13

Acronyms & Abbreviations

The acronyms or abbreviations used in this Request for Proposals (RFP) are defined below.

Center for Health Equity and Community Wellness (CHECW)

Cardiovascular Disease (CVD)

Cardiovascular Health Innovation Program (CHIP)

Community-based Organization (CBO)

Community Health Worker (CHW)

Fund for Public Health in New York City (FPHNYC)

Hypertension (HTN)

New York City Department of Health and Mental Hygiene (Health Department)

Request for Proposals (RFP)

Social Determinants of Health (SDOH)

Section I: Introduction

Summary of Funding Opportunity

The Fund for Public Health in New York City and the New York City Department of Health and Mental Hygiene's Center for Health Equity and Community Wellness are seeking to partner with a community-based organization to conduct outreach, screening, and health education efforts as part of the Cardiovascular Health Innovation Program (CHIP). The goal of CHIP is to prevent and manage cardiovascular disease in populations affected disproportionately by hypertension and high cholesterol due to health inequities, disparities, and social determinants of health. To optimally leverage the available funding, this award aims to build on an existing community program with established health and social service linkages. The successful Applicant will have existing staff in Community Health Worker roles who can engage local businesses and community members to promote cardiovascular health, conduct blood pressure screening, and facilitate referrals to relevant health and social services in targeted Bronx neighborhoods.

All necessary information regarding the project and application process may be found in this Request for Proposals (RFP). Respondents may submit questions and/or request clarifications by e-mailing procurement@fphnyc.org. All questions must be submitted by 11:59 p.m. ET on Friday, February 21, 2025.

About the Partners

Fund for Public Health in New York City (FPHNYC) was created in 2002 as an independent nonprofit organization with the purpose of connecting the NYC Health Department to private sector partners and the greater philanthropic community. These collaborations raise funds to develop, test, and launch innovative initiatives that would otherwise not be possible, and when successful, can be scaled and replicated across the city and around the country. FPHNYC also provides expert implementation support and the administrative infrastructure for the Health Department to act quickly and flexibly to meet the public health needs of individuals, families, and communities across New York City. Since our founding, we've raised more than \$500 million in public and private funding for over 440 projects, making New York City healthier and safer for all.

NYC Department of Health and Mental Hygiene (Health Department) works every day to protect and promote the health of New York City's 8 million residents. With an annual budget of \$1.6 billion and more than 6,000 employees throughout the five boroughs, the Health Department is one of the largest public health agencies in the world. They are also one of the nation's oldest public health agencies, with more than 200 years of leadership in the field.

Background and Need

The mission of the New York City Health Department is to protect and promote the health of all New York City residents. The Center for Health Equity (CHECW) builds on this mission by strengthening and amplifying the Health Department's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.

Such health inequities are especially notable in the prevalence of cardiovascular disease (CVD). CVD is the leading cause of death in the United States (US), and persistent disparities in prevalence and outcomes have

only widened among racial and ethnic groups and historically marginalized populations. In particular, CVD and hypertension (HTN), a leading risk factor for CVD, is more common in Black Americans. In New York City (NYC) – the most populous city in the US with 8.6+ million people and which accounts for over 43% of the New York state population – 30% of adults had HTN. The highest prevalence of HTN is among Black adults (44%), followed by Latino/a (31%), White (23%), and Asian/Pacific Islander (22%) adults.

The disproportionately high rates of CVD and HTN among Black Americans result in tragic and unjust consequences – Black Americans have a lower life expectancy than White Americans primarily due to CVD. These disparities are caused by generations of structural and institutional racism that lead to cumulative burdens of high stress and inequitable access to social determinants of health (SDOH). For example, perceived racist behavior leads to an increase in the risk of developing high blood pressure (HBP). Additionally, obesity, a risk factor for CVD, is more common among Black Americans and associated with higher poverty rates and racial segregation. In NYC, mutually reinforcing and long-standing inequitable social and environmental factors contribute to wide racial disparities in premature death rates. In 2018, the rate of premature death from heart disease was 2.2 times higher for Black adults than for White adults, and the rate of premature death from stroke was 3.2 times higher for Black adults than for White adults.

Community-based organizations complement the work of local health departments by having the ability to meet clients where they are with their health needs. In this project, Community Health Workers (CHWs) will play a critical role in outreach and service delivery to ensure community residents get the care they need. As members of the communities they serve, CHWs are particularly well positioned to address racial health disparities that affect communities of color. CHWs serve as intermediaries between healthcare systems and local residents, providing health education, conducting basic health screenings, and connecting residents to necessary services. Because CHWs are representative of the community, they are generally more trusted by community residents, and thus, effective in delivering culturally appropriate service and navigating the landscape of the community in which they work.

Eligibility & Selection Criteria

Respondents eligible for this funding opportunity must meet the following criteria:

- Be a not-for-profit organization with a 501(c)(3) status.
- Be in good standing with the City of New York, the State of New York, and United States Federal
- Government.
- Have the administrative, organizational, programmatic, information technology, and fiscal capability to
 plan, develop, and implement the proposed project, as well as the accounting and administrative
 controls necessary to effectively manage a federal subaward. Agencies with a limited capacity to
 administer the fiscal responsibilities associated with their programs may choose to contract with a fiscal
 agent to provide administrative services. These costs should be reported under the Contractual costs
 line item.
- Demonstrate programmatic presence and a strong referral/linkage network in one or more of the Bronx neighborhoods identified below:

BX01 – Melrose-Mott Haven-Port Morris
BX03 – Morrisania-Crotona Park East
BX04 – Highbridge-Concourse
BX05 – Morris Heights-Mount Hope
BX06 – Tremont-Belmont-West Farms
BX09 – Soundview-Parkchester

BX12 – Wakefield-Williamsbridge

- Have an established staff of Community Health Workers (CHWs) and existing infrastructure and capacity to provide effective outreach to the targeted communities. The preference is for CHWs to have completed Core Competency Training prior to beginning the project; however, it is not required.
- Have a minimum of three (3) years of relevant experience within the last five (5) years providing each of the following:
 - Health education/coaching services in communities impacted by health disparities. Greater consideration will be given to applicants with experience providing these services within the identified key Bronx neighborhoods.
 - Facilitating workshops that include or are related to chronic disease management of asthma, hypertension, diabetes, nutrition, stress management, smoking cessation, and mental health first aid.
 - Advocacy support and linkages.
 - Ongoing community outreach and recruitment, including communities with limited English proficiency.

Funding Terms

The intent of this RFP is to issue one (1) award for an initial period of 6 months (April 1, 2025 – September 29, 2025), with the possibility of up to three one-year extensions. Funding for subsequent years will be based on availability of funds, the need to extend services, and the Awardee's demonstrated progress against project objectives in the prior year.

Applicants may apply for up to \$35,000 for the initial award period. In subsequent years, funding will be up to \$70,000 for a 12-month period (September 30 to September 29 annually). Final award amounts for each period are contingent on submission of a detailed and reasonable budget proposal.

Funding Source

Cardiovascular Health Innovation Program (CHIP) is supported by Federal funding through a cooperative agreement between FPHNYC and the Centers for Disease Control and Prevention (CDC). The award resulting from this solicitation is expected to meet the criteria of "Subrecipient" as defined by 2 CFR (Code of Federal Regulations) 200.331; a final determination will be made at the time of award. As such, the Awardee must comply with the following federal regulatory requirements:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75)
- Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200)

Additional subaward requirements will be communicated at the time of award.

Payment

FPHNYC anticipates using a deliverable-based payment schedule, with payment contingent upon successful completion and acceptance of the services outlined within the agreement. The Contractor will submit invoices to request payment to cover expenditures aligned to allowed costs contained in the budget. The invoicing and payment schedule will be monthly, with invoices due 30 days after the end of each month. An invoice template will be provided and explained during the award process.

Section II: Scope of Services

The selected Awardee will be expected to expand existing community programming to complete the following:

Community Detailing

The Awardee will conduct a community detailing campaign utilizing its existing team of Community Health Workers. The goal is to engage local businesses within the target area(s) to educate business leaders on HTN and seek their participation as "Champions of Health" to promote HTN information and screenings to their clientele. "Champions of Health" will also make their locations available for CHWs to engage directly with clients and offer health education, conduct health assessments and screenings, and facilitate referrals to relevant resources, as needed. CHWs will administer pre- and post-surveys to measure business leaders' change in knowledge about HTN and their adherence to commitments to promote health in their communities.

The Health Department will create and share a list of known businesses in the identified neighborhoods of focus, as well as provide training and resources to support outreach and detailing activities. The Awardee will be expected to enroll a minimum of 12 businesses as "Champions of Health" within the initial award period. For subsequent years, targets will be adjusted to reflect a 12-month period of performance.

Screening, Health Education, and Referrals

Community Health Workers will utilize a social screening tool to screen clients for social needs and make necessary referrals to local organizations. Additionally, the Awardee will host pop-up blood pressure (BP) screening events at least (5) local businesses that serve as "Champions of Health" where CHWs will conduct the BP screenings, provide education on HTN, and refer clients with high blood pressure (HBP) without a regular source of primary care to a local trusted primary care provider. Additionally, CHWs will connect uninsured clients to health insurance enrollment services at the NYC Health Department. For at least one "Champion of Health" local business, CHWs will be on-site on a bimonthly basis to provide these services. All referrals will be tracked via Unite Us, a data and referral platform.

Project Deliverables

The Awardee will be expected to complete the deliverables outlined below.

- Participate in monthly meetings with members of the Bronx Neighborhood Health team.
- Conduct pre-surveys for all businesses encountered during initial detailing outreach.
- Conduct post-surveys for "Champions of Health."
- Maintain an inventory of all materials delivered to "Champions of Health."
- Maintain a log of all businesses visited.
- Report monthly on client demographics and basic activity metrics in Unite US (see below for a list of potential indicators).

Potential Indicators

- Number of businesses enrolled as "Champions of Health"
- Number of screenings conducted
- Number of clients receiving education
- Number of screenings showing elevated/high BP
- Number of referrals made to primary care or other community-based services

• Number of uninsured clients referred to health insurance services

Additional Requirements

- 1. Awardee will develop and implement a training/professional development plan to ensure that all staff are appropriately equipped to undertake the work of this project. Plans must incorporate completion of the following trainings:
 - a. Community Health Worker (CHW) Core Competency Training. The preference is for CHWs to have completed Core Competency Training prior to beginning the project. If training is not complete, the Awardee must provide training for CHWs assigned to the project within 4 weeks of the contract start date. All training must be delivered by an experienced provider subject to Department approval. Training costs must be specified in the budget proposal.
 - b. The following trainings will be supported by the Department either directly, using a train the trainer model, or via a qualified training entity:
 - i. Health and safety training; must be completed by all community-facing staff prior to completing any community-facing work.
 - ii. Hypertension
 - iii. Community Detailing
 - iv. Health Insurance Portability and Accountability Act (HIPAA)
 - v. Unite Us, data and referral platform
 - c. If documentation of successful completion of training previously is provided, the above listed requirements may be waived.
- 2. Awardee will maintain a financial management system which will provide accurate, current, and complete financial results for each program activity funded under this agreement. Funding for this agreement shall be accounted for separately and shall only be used by the Awardee for the activities, services and specific locations described hereunder and for no other purpose. Awardee is also responsible for establishing and maintaining effective internal controls, including internal controls over compliance, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that there is reasonable assurance that programs are administered in compliance with all requirements.

Additional Requirements NYC Health Department Support

Health Department staff will serve as a resource to the Awardee to ensure adequate completion of required project activities and achievement of project goals by fulfilling the following responsibilities:

- Provide an orientation workshop.
- Provide core trainings on health and safety, cardiovascular disease, and other relevant topics.
- Provide training and a license for the Unite Us platform to track referrals to health and social services.
- Provide technical support around data collection tools, such as surveys and feedback questionnaires.
- Provide information about CVD resources available throughout the Department and the community.

Section III: Application Requirements

RFP Timetable

The following timeline represents the tentative schedule of the entire RFP process, from solicitation to program implementation. The dates listed here are subject to change. Any amendments to the RFP, including this timeline, will be posted at: https://www.fphnyc.org/get-involved/rfps/. FPHNYC will not provide individual notice of changes; Applicants are responsible for monitoring the website for any changes prior to the submittal deadline.

January 17, 2025	Request for Proposals (RFP) release date
February 7 February 21, 2025	Questions due by 11:59 p.m. ET All questions must be submitted in writing to procurement@fphnyc.org with the subject line "."
February 14 February 24, 2025	RFP Q&A posted
February 21 February 28, 2025	Proposals due by 11:59 p.m. ET
March 5, 2025 (estimated)	Selection notification
April 1, 2025 (estimated)	Project start date

RFP Inquiries, Written Questions and Answers

Questions and requests for clarification about this RFP must be submitted via e-mail to procurement@fphnyc.org with a subject line of "CHIP Application." All such questions and inquiries must be received by February 21, 2025 at 11:59 p.m. Eastern Time. Any questions received after the deadline may not be answered.

The Q&A will be posted at: https://fphnyc.org/get-involved/requests-proposals/.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of FPHNYC or the Department, other than questions submitted to as outlined above, are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

Application Deadline

All applications must be received by FPHNYC no later than **11:59 p.m. Eastern Time, on Friday,** February 21 February 28, 2025.

Late applications will not be accepted. It is the Applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. FPHNYC will not be responsible for delays caused by computer or technology problems.

Acknowledgement of application receipt. FPHNYC will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application.

Proposal Contents

Applicants must submit the following documents for an application to be considered complete. Letters of support are optional.

- Application Form (Attachment A) submit in PDF format
- Budget Proposal (Excel template) (Attachment B) submit in Excel format
- Applicant's IRS Form W-9 (Attachment C) submit in PDF format
- Audited financial statements for the Applicant's most recent fiscal year submit in PDF format
- Optional. Letters of Support (submit as a PDF document)

All application materials and instructions can be found on FPHNYC's Request for Proposals (https://fphnyc.org/get-involved/requests-proposals/) web page.

Incomplete applications will be rejected and not evaluated.

Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. FPHNYC reserves the right to reject any application that does not meet these requirements.

By submitting an application, each Applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential award. The submission of inaccurate or misleading information may be grounds for disqualification from the award.

All costs incurred in responding to this RFP will be borne by the Applicant.

Application Submission Instructions

Applications must be submitted via email to procurement@fphnyc.org with the subject line "CHIP Application" no later than 11:59 p.m. Central Time, on Friday, February 21 February 28, 2025.

Proposal contents must be sent as an attachment to the e-mail (Applicants may not provide a link to the documents). Each document should be a separate file labeled as follows: Document Name Applicant Name (example: Application Form_XYZ Organization). Attachments must be limited to less than 50 MB.

Addenda to the RFP

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFP. Any addenda to the RFP will be posted on the FPHNYC website: https://fphnyc.org/get-involved/requestsproposals/.

Applicants are encouraged to check the website for any updates prior to submitting their final proposal.

Section IV. Selection Process and Review Criteria

A Review Committee convened by the NYC Health Department will evaluate the RFP submissions based upon the criteria below. A maximum total of 100 points are possible in scoring each proposal.

CATEGORY	POINTS
Organizational Information	5
Organizational Capacity, Populations Served and Past	50
Experience	
Program Approach	35
Detailed Budget and Budget Narrative	10
Maximum Points Awarded	100

The review process will consist of the following steps:

- 1. FPHNYC will conduct an initial review to screen proposals for eligibility, completeness, and technical requirements. Those that are determined to be eligible will then be evaluated by the Review Committee.
- 2. The Committee will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers. After scoring, the Committee will rank Applicants according to final weighted score. As part of the evaluation process, at the discretion of the Committee, Applicants may choose to interview applicants and/or request additional clarification/information from applicants. However, under no circumstances will the Applicant be allowed to make changes to the response.
- 3. The review committee will recommend the highest-ranking proposal for funding to the NYC Health Department's leadership.

Basis for Award

The NYC Health Department will select the Applicant whose proposal is determined to be the most advantageous to the Department, taking into consideration the evaluation criteria listed above. Additionally, final award decisions may consider past contract performance (if Applicant has current contract(s) or had contracts within the last three years with FPHNYC and/or the City of New York) or reference/background checks for Applicants without any prior or recent contracting relationship with FPHNYC and/or the City of New York.

Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. The contract or contracts resulting from this RFP will be held between the Fund for Public Health in New York City, an independent 501(c) (3) not-for-profit organization, in its role as the Health Department's fiscal agent, and the Awardee. Any contract award will be subject to timely and successful completion of contract negotiations, demonstration of all required insurance coverage, and all other requirements of and approvals by FPHNYC and the Health Department.

At the discretion of FPHNYC and NYC Department of Health, final awards may be less than requested to distribute funds among awardees and ensure adequate distribution of services throughout priority neighborhoods and communities. FPHNYC also reserves the right to adjust deliverables and timeframes in response to changes in need or priorities.

It is the responsibility of the Awardee to return a signed copy of the contract within approximately 21 days of receipt. Recipients are encouraged to be proactive in coordinating their organization's grant approval process to avoid possible delays.

No work on project activities can begin until a fully executed grant agreement is in place and FPHNYC's Authorized Representative has notified the Awardee that work may start.

Section V: Provisions and Limitations

The purpose of this RFP is to ensure maximum, open, and free competition in the solicitation of and procurement of the goods and services described here. This RFP is not to be considered as a contract or commitment of any kind, nor does it obligate FPHNYC and/or the Health Department to award a contract or complete a project, and FPHNYC reserves the right to cancel the solicitation if it is in FPHNYC's and/or the Health Department's best interest.

Applicants shall review each statement below to ensure capacity for compliance before submitting a proposal for consideration.

- 1. By submitting a proposal, the Applicant acknowledges that they have read and understand this RFP and can fulfill all requirements. Once submitted, submittals will be the property of FPHNYC and will not be returned.
- 2. FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC and/or NYC Department of Health.
- 3. FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items or confirm to the requirements of this RFP may be excluded from further consideration and alternative information packages may not be considered.
- 4. FPHNYC may make an award under the RFP in whole or in part, or award more than one contract by awarding separate items or groups of items to various proposers.
- 5. Prior to application opening, FPHNYC may amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available. FPHNYC may also direct applicants to submit proposal modifications addressing subsequent RFP amendments.
- 6. Prior to the start of work, Awardee shall procure and maintain in force at all times during the term of the agreement, insurance of the types and in the amounts set forth below:
 - I. <u>Commercial General Liability</u>: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate.
 - II. <u>Professional Liability</u>: medical malpractice or errors and omissions insurance in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate.
 - III. <u>Employers Liability</u>: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident.
 - IV. <u>Workers' Compensation</u>: workers' compensation and disability insurance as required by the applicable New York State law.

- V. <u>Commercial Auto</u>: if Contractor plans to use any vehicles in the performance of services under the agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.
- VI. <u>Excess Umbrella Liability:</u> in the event that Contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall maintain on file with FPHNYC current Certificates of Insurance for the above referenced policies, listing FPHNYC and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.

7. The Applicant will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Applicants will not be reimbursed for any costs incurred in preparing proposals.