Request for Proposals

Public Health Solutions
On behalf of
New York City Department of Health and Mental Hygiene
Bureau of Hepatitis, HIV and STIs

Sexual Health and Aging: Resources and Training for Clinical Providers (SHARP)

Solicitation #: 2026.07.HIV.05.01

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For a copy of this Request for Proposals (RFP), please visit:
https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities

Basic Information

Request for Proposals (RFP) Release Date	**July 23, 2026**
Proposal Due Date	**September 14, 2026, 3:00 p.m. ET**
RFP Contact	**Public Health Solutions (PHS)** **RFP Email: Procurement@healthsolutions.org**
Pre-Proposal Conference Webinar	**August 11, 2026, 2:00 p.m. ET** Attendance at the Pre-Proposal Conference Webinar is not mandatory; however, organizations interested in submitting a proposal are strongly encouraged to attend. To attend the Pre-Proposal Conference Webinar via Zoom, please register in advance using this link: **https://healthsolutions-org.zoom.us/webinar/register/WN_uAREXuH5ReKE-BMyOjl9nA** After registering, you will receive a Zoom confirmation email with instructions on how to join the Pre-Proposal Conference Webinar. Questions submitted prior to **July 31, 2026, 12:00 p.m. ET** may be answered at the Pre-Proposal Conference Webinar. All other questions may be answered in a supplement to this RFP. For additional details, see "Questions Regarding this RFP" starting on page 7.
Funding Source	Subcontracts resulting from this RFP will be solely funded by: • NYC Tax Levy (CTL) funds PHS reserves the right to cancel this RFP, in whole or in part, at any time, if anticipated funding is not received.
Subcontract Mechanism	PHS has entered into an agreement with the NYC Department of Health and Mental Hygiene (NYC Health Department) for PHS to administer certain subcontractor agreements (subcontracts) for the Division of Disease Control's Bureau of Hepatitis, HIV, and STIs (BHHS).

Funding Restrictions	The funding restrictions include but are not limited to the following:
	• CTL funds may be used for allowable program activities under applicable NYC rules and contract terms.
	• CTL funds may not be used for:
	  ○ Lobbying, political, or religious activities
	  ○ Debt services or repayment
	  ○ Costs already covered by another funding source
	  ○ Alcohol, entertainment, or other personal expenses
	  ○ Activities not directly related to the services described in this RFP
	  ○ Reimbursement of proposal costs

<table>
<tr><td></td><td>Any indirect costs requested by subcontractor must be in accordance with City of New York Health and Human Services Cost Policies and Procedures manual (nyc.gov); hereafter referred to as “Cost Manual.”</td></tr>
<tr><td>Subcontract Notification</td><td>PHS anticipates notifying applicants of the funding status of their proposals in October 2026. All proposal status notification letters and subcontract award notification letters will be sent via the PHS Procurement Portal.</td></tr>
<tr><td>Anticipated Subcontract Term and Anticipated Subcontract Start Date</td><td>The anticipated subcontract start date is December 1, 2026. Subcontractors will receive a subcontract for or up to 31 months, beginning on December 1, 2026, and ending on June 30, 2029, with no renewal option. The subcontract term is comprised of the following three budget periods.
<table>
<tr><th>Budget Period (BP)</th><th>Date Range</th></tr>
<tr><td>1</td><td>December 1, 2026 – June 30, 2027</td></tr>
<tr><td>2</td><td>July 1, 2027 – June 30, 2028</td></tr>
<tr><td>3</td><td>July 1, 2028 – June 30, 2029</td></tr>
</table>
The start-up period for the Sexual Health and Aging: Resources and Training for Clinical Providers (SHARP) Program will be the first seven months post-subcontract.

Initial and continued funding for all subcontracts are contingent on:

Availability of funds
Approval by PHS, in collaboration with the NYC Health Department
Vendor background check
Demonstration of all required insurance and all other requirements
Compliance with all other terms and conditions of the subcontract
Satisfactory performance by subcontractor
Continued need for services
</td></tr>
<tr><td>Anticipated Funding and Payment Structure</td><td><u>Total Anticipated Funding Amount</u>: The anticipated funding amount under this funding opportunity is expected to be $430,000 annually. The table below sets forth the SHARP Program’s funding amount for a 12-month budget period. The funding amount will be prorated to the length of each budget period.
<table>
<tr><th>Program</th><th>Anticipated Number of Subcontracts</th><th>Anticipated 12-Month Funding Amount</th></tr>
<tr><td>Sexual Health and Aging: Resources and Training for Clinical Providers (SHARP)</td><td>1</td><td>$430,000</td></tr>
</table></td></tr>
</table>

	The NYC Health Department reserves the right to increase or decrease the total funding amount depending on funding availability. The final funding amount will depend on the availability of funds and funding restrictions. The anticipated payment structure of the subcontract will be 100% cost-based payment. The NYC Health Department reserves the right to change the subcontract payment structure during the lifespan of the subcontract.
Minimum Applicant Eligibility Requirements	To be eligible for funding, all applicants **must** at the time of proposal submission: 1. Be legally incorporated by the New York State (NYS) Department of State as a not-for-profit corporation and have proof of federal tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code. 2. Operate a brick-and-mortar site (primary program operating site of implementation) in any of the following NYC boroughs: the Bronx, Brooklyn, Manhattan, Queens, or Staten Island. 3. Have a minimum of three years of experience (within the 10 years preceding proposal submission) providing training to individual health care providers or clinical teams. 4. Have a minimum of three years of experience (within the past 10 years preceding proposal submission) developing resources for individual health care providers or clinical teams such as presentations, workshops, provider pocket guides, and best practice guides. 5. Have a minimum of three years of experience (within the past 10 years preceding proposal submission) providing training on HIV, STI, and sexual health care. Applications from consortiums, independent physician associations, or other entities applying on behalf of others are ineligible. Organizations providing administrative or fiscal services on behalf of organizations providing programmatic services are also ineligible, as applicants must directly manage and implement all programmatic services. When submitting proposals, applicants must identify a primary program operating site of implementation, defined as the physical brick-and-mortar site the applicant designates as the site where they will coordinate and implement activities to meet the program expectations as outlined in Section 2 of this RFP should they receive a subcontract. The primary program operating site of implementation must be located and continue to be located during the full duration of this subcontract in the Bronx, Brooklyn, Manhattan, Queens, or Staten Island. Services may be delivered at the applicant's own physical site(s) of operation, at partner sites (for example, health care provider offices or clinics), and community locations (for example, publicly available training rooms or conference spaces). Services may also be delivered virtually, as appropriate to the program model and with prior written approval from the NYC Health Department and PHS.

Notice to Currently Funded Programs/ Current Providers	Funding through this RFP will be competitive for a new subcontract and is expressly NOT a continuation of previous funding. Organizations that currently have subcontracts from the NYC Health Department and PHS for HIV Prevention Programs – Service Category 7: HIV Prevention and Literacy: Older Adults, must submit a proposal in response to this RFP to be considered for this funding.
Required Documents	The following Required Documents must be submitted via the PHS Procurement Portal. A complete proposal includes the submission of all applicable Required Proposal Documents. Incomplete submissions will result in a proposal being deemed non-responsive. Non-responsive proposals are not eligible for proposal review and are ineligible for funding. **Required Proposal Documents** 1. Attachment A: Structured Proposal Form *(template provided; must be submitted as Microsoft Word file)* 2. Attachment B: Budget Management Form *(template provided; must be submitted as Microsoft Excel file)* 3. Attachment C: Organization and Program Information Summary *(template provided; must be submitted as Microsoft Excel file)*, including the completion of the following tabs: i. Information Cover Sheet ii. Required Documents iii. Organizational Eligibility iv. Government Funding Sources v. Proposed Program Staff vi. Program Operating Site Location vii. Program Hours and Days of Operations 4. Attachment D: Organizational Chart *(no template provided)* 5. Attachment E: Acknowledgement of SHARP Training Curriculum (*template provided; must be digitally signed and submitted as a certified PDF file)* 6. Attachment F: Continuing Medical Education (CME) Documentation, if applicable (*no template provided*). CME documentation must include the following information: i. Organization's name ii. The name of the CME accrediting body iii. The name of the training that is or was CME accredited iv. A CME accreditation date or renewal date within 10 years preceding proposal submission **Required Administrative Documents** 7. Attachment G: Board of Directors' Statement - written on organizational letterhead and signed by the Chair, President, or Secretary of the Board of Directors *(sample statement provided)* 8. Attachment H: PHS Subcontractor Risk Questionnaire *(template provided, must be submitted in Microsoft Excel File)*

	9. Attachment I: Internal Revenue Service 501(c)(3) Determination Letter 10. Attachment J: New York State Certificate of Incorporation documents i. The full copy of incorporation documents must be submitted including any amendments ii. Organizations using a DBA (Doing Business As) name, business alias, assumed name, trade name, operating name, etc., must submit an Assumed Name Certificate showing the relation between the original corporation name and current DBA name 11. Attachment K: Current Board of Directors List *(no template provided)* 12. Attachment L: Minimum Eligibility Requirements Attestation Statement *(template provided)* 13. Attachment M: Financial Report Requirements (All applicants must submit their most recent fiscal year-end financial documents. Refer to the criteria below.) i. Single Audit Report: For applicants that expend $1,000,000 or more in federal awards during the applicant's fiscal year. ii. Independent CPA Audit Report: For applicants with annual gross revenue and support of $750,000 or more. iii. Independent CPA Review Report: For applicants with annual gross revenue and support of $250,000 to $749,999. iv. Unaudited Financial Report: For applicants with annual gross revenue and support under $250,000. 14. For applicants with an Indirect Cost Rate: If applicable, applicants with a Negotiated Indirect Cost Rate (NICRA) or an NYC-approved indirect cost rate must submit evidence of the rate with their proposal. This would include a copy of their NICRA or NYC-Accepted ICR and Verification Documentation, as applicable.
NYC PASSPort Requirement	• Awarded applicants must have a NYC PASSPort account. Applicants that do not have a NYC PASSPort account can create a NYC PASSPort account by using the following link: Create a PASSPort Account | MOCS
Other Requirement(s)	• The applicant's Primary Proposal Contact must be available and responsive via email to resolve any clarification requests that may follow proposal submission.
Subcontracting Information	Awarded applicants must deliver all proposed services directly and may **not** subcontract. Consultant agreements are different from subcontracting agreements. Consultant agreements are typically a contract with an individual or small group of individuals who provide advice, guidance, or specialized services. Consultant agreements are allowable for the below services: • To provide subject matter expertise during clinical training series development • To co-facilitate the clinical training series • To support the graphic design and translation of provider- and patient-facing resources

	Consultant agreements are permissible with prior written approval from the NYC Health Department and PHS. However, awarded applicants must be the sole lead provider of the SHARP Program. All consulting agreement expenses must be included in the proposed budget.
Indirect Cost Rate (ICR)	Applicants may request indirect costs. Options for budgeting indirect costs are as follows: • If applicable, applicants may use their organization's federally negotiated ICR, specified within a NICRA, applied to a modified total direct cost base. Applicants selecting this option must enclose a copy of their NICRA or a cost allocation plan approval letter with their application. • If applicable, an organization's New York City-approved Indirect Cost Rate, specified within an Independent Accountant's Report signed by an independent Certified Public Accountant, applied to a modified total direct cost base. If selecting this option, subcontractor must enclose a copy of its Accepted ICR and Verification Documentation, which the City would have previously uploaded to subcontractor's organizational profile in PASSPort. • Applicants without either a federally negotiated indirect cost rate or an NYC-approved ICR may request indirect costs not to exceed the equivalent of a 10% de minimus ICR applied to a modified total direct cost base.
Questions Regarding this RFP	• Questions regarding this RFP must be submitted via the PHS Procurement Portal by **August 12, 2026, 5:00 p.m. ET.** ***https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities*** • Select the "View Opportunity" button for this RFP. From the Project Details page, click the "Ask a Question" button which will direct you to the "Vendor Discussions" tab. Click on "Start a New Vendor Discussion" to begin the process of submitting your questions. For more information on how to ask a question via the PHS Procurement Portal, please visit: ***https://procurement-help.eunasolutions.com/hc/en-us/articles/49005651425043-How-do-I-contact-the-Project-Owner*** • Responses to questions from the Pre-Proposal Conference Webinar, as well as questions submitted via the PHS Procurement Portal by the questions deadline date, may be addressed in a supplement to the RFP. The Supplement will be posted on the PHS Procurement Portal: ***https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities***. • An email notification will be sent to those who download this RFP, submit questions via the PHS Procurement Portal, register, or attend the Pre-Proposal Conference Webinar. Please note that not all written inquiries will receive written responses. Note that PHS and the NYC Health Department may not respond to questions received after **August 12, 2026, 5:00 p.m. ET.** • All inquiries concerning this RFP, from the date of issuance until subcontract award notifications, must be submitted via the PHS Procurement Portal. *Organizations are advised that no contact related to this RFP is permitted with any other staff of PHS or the NYC Health Department.*

Notice of Intent to Respond (Intent to Bid)	• The Notice of Intent to Respond is not mandatory. However, applicants interested in responding to this RFP are strongly encouraged to submit their intent by **September 3, 2026, at 5:00 p.m. ET** so that PHS can better plan for the proposal evaluation process. The Notice of Intent can be submitted by visiting the RFP page in the PHS Procurement Portal and selecting "Yes" in the Intent to Bid tab. ***https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities*** • Organizations that do not intend to respond to this RFP may select "No" in the Intent to Bid tab. Organizations are encouraged to submit a reason for not responding, as this provides helpful feedback to PHS and the NYC Health Department. • The Notice of Intent should be submitted no later than **September 3, 2026, 5:00 p.m. ET.**

Section 1 – Introduction and Program Background

A. Introduction

The SHARP Program will support the development and delivery of community-informed clinical trainings and provider- and patient-facing resources to enhance the capacity of health care practitioners who provide primary care services (hereafter referred to as primary care providers) to conduct affirming sexual history-taking conversations and implement routine opt-out HIV and STI screening among people ages 50 years and older (hereafter referred to as older adults).

In 2019, the U.S. Department of Health and Human Services launched Ending the HIV Epidemic: A Plan for America, now known as Ending the HIV Epidemic in the U.S. (EHE), with the goal of reducing new HIV infections in the U.S. by 75% by 2025 and by at least 90% by 2030. To align with this national initiative, the NYC Health Department developed the New York City 2020: Ending the HIV Epidemic Plan (NYC 2020 EHE Plan) to expand upon the City's existing Ending the Epidemic efforts and tailor EHE strategies for NYC. As part of this effort, the NYC Health Department seeks to fund the SHARP Program, which closely aligns with and actively supports the goals of the NYC 2020 EHE Plan.

The mission of the NYC Health Department is to protect and promote the health of more than eight million New Yorkers. The NYC Health Department is also committed to addressing health inequities across communities, working to ensure equitable access to services and extending life expectancy for all New Yorkers. Our focus is on making sure every New Yorker, regardless of immigration status, ability to pay, or ability to speak English, has access to the health information and care they need to live and thrive. The NYC Health Department's Bureau of Hepatitis, HIV, and STIs (BHHS) oversees the City's response to HIV, STIs, and viral hepatitis. BHHS works to improve the lives of New Yorkers by ending transmission, illness, stigma, and inequities related to these conditions using an approach that is strengths-based, community-driven, and intersectional.

B. Program Background

In 2024, there were an estimated 49,400 people ages 50 and older with HIV in NYC.[1] While 16% of new HIV diagnoses in 2024 occurred among people ages 50 and older, compared with younger groups, older adults were more likely to be diagnosed later and with more advanced disease, and were less likely to be virally suppressed within three months of diagnosis.[2,3,4] According to unpublished NYC Health Department STI surveillance data, in 2024, there were over 2,500 new cases of chlamydia, 2,100 new cases of gonorrhea, and 161 new cases of primary and secondary syphilis among people ages 50 and older. Among newly diagnosed older adults, there are disparities in the burden of HIV and STIs by gender. In 2024, 62% of new HIV diagnoses,[1] 59% of new chlamydia cases, 88% of new gonorrhea cases, and 90% of new primary and secondary syphilis cases among older adults were among men (unpublished NYC Health Department STI surveillance data). In addition, significant inequities shaped and upheld by racism, sexism, homophobia, transphobia, and other systems of oppression, persist across many communities in NYC, particularly impacting Black and Latino communities. In 2024, 84% of new HIV diagnoses among older adults were among Black and Latino people[1] and Black and Latino older adults had higher case rates of new chlamydia, gonorrhea, and syphilis, compared with older people of other races (unpublished NYC Health Department STI surveillance data).

Older adults need access to HIV and STI prevention services and resources, especially as research has shown that a significant portion of older adults are sexually active.[5-6] Older adults can experience age-related physiological changes, comorbid conditions, and shifts in immune function that may increase

biological susceptibility to HIV and other STIs.[5,7] Later life can also involve transitions that shape sexual relationships and activity, including evolving sexual behaviors and new partnerships following divorce or the loss of a long-term partner.[5,7] Some older adults may also use medications to increase libido and improve erectile dysfunction.[7,8]

Despite accessing health care more often than other age groups, older adults are screened for HIV less often than younger adults and their sexual health needs are frequently overlooked in clinical settings.[9-14] While primary care providers often expect older adults to initiate sexual health conversations, they prefer their providers to initiate these conversations. In one study, 77% of older adults said that if they had a question about HIV or AIDS, they would wait for their primary care provider to ask about sexual health first rather than ask on their own.[13] Older adults face other barriers to seeking sexual health advice and treatment, such as cultural and societal views toward sexual health and aging; anticipated stigma and discrimination; embarrassment; lack of knowledge about sexual health, STIs, or HIV; and misperceptions about susceptibility to HIV.[7,11,15-17] Health care providers, including primary care providers, have indicated that lack of clinical training, insufficient knowledge of later-life sexuality, embarrassment, lack of confidence, and the perception that their patients are not sexually active are barriers to discussing sexual health with older adult patients.[10-11,13,16,18]

As a result, few older adults report ever having discussed sexual health with their primary care providers or been offered an HIV test.[10,13,19-21] In addition, HIV pre-exposure prophylaxis (PrEP) and emergency post-exposure prophylaxis (PEP) are effective HIV biomedical prevention strategies, but are not widely used among older adults. In 2024, of all people who filled a PrEP prescription in the last 12 months in NYC, less than 15% were older adults.[22] These gaps represent missed opportunities to engage older adults in comprehensive sexual health care. Addressing the barriers will require clinical training to ensure primary care providers deliver appropriate care for their older patients, including facilitating affirming sexual history-taking conversations, providing HIV and STI prevention and treatment education, implementing routine opt-out HIV and STI screening, and providing patient education that supports patient-provider communication.[13,16,23]

The GOALS Framework for Sexual History Taking in Primary Care (GOALS Approach)[24] is the NYC Health Department-recommended approach to universalize and normalize sexual history conversations and sexual health-related interventions within health care settings. By routinizing opt-out HIV and STI screening, the GOALS Approach reduces stigma related to sexual health and HIV by normalizing, rather than "targeting," patients for services based on specific sexual behaviors. NYS Public Health Law mandates the offer of HIV testing to all people ages 13 and older in primary care, inpatient, and emergency department settings, and by physicians, physician assistants, nurse practitioners, and midwives who provide primary care, regardless of setting.[25] The GOALS Approach provides a useful framework for health care providers, such as primary care providers, to initiate discussions on sexual health with older adults and implement routine opt-out HIV and STI screening.

Sexual health is a vital part of overall health at *every* age. The SHARP Program aims to ensure sexual health care is more accessible to older adults by equipping primary care providers with training and resources to facilitate affirming sexual history-taking conversations and provide HIV and STI prevention and treatment education. In addition, strengthening primary care providers' clinical knowledge, skills, and confidence to implement routine opt-out HIV and STI screening can improve timely diagnosis and initiation of HIV and STI treatment and stem further transmission.

This RFP seeks to fund one organization with experience providing training to health care providers to:

1) Develop clinical trainings and provider- and patient-facing resources to support primary care providers in initiating affirming sexual health conversations and implementing routine opt-out HIV and STI screening among older adult patients.
2) Promote and deliver in-person, virtual, and self-paced clinical trainings and digital resources to primary care providers in NYC.
3) Link interested primary care providers to NYC Health Department resources to enhance implementation of affirming sexual history-taking conversations, HIV and STI prevention and treatment education, and routine opt-out HIV and STI screening among older adults into clinical practice.

C. Goals

The goals of this RFP are for subcontractor to:

1) Increase clinical knowledge, skills, and confidence of primary care providers to facilitate affirming sexual history-taking conversations and to provide HIV and STI prevention and treatment education to older adults
2) Increase routine opt-out HIV and STI screening among older adults by primary care providers

Section 2 – Program Expectations and Proposal Instructions

A. Proposed Program Approach and Implementation *(33 Points)*

1. Program Expectations: Community Engagement

a. Subcontractor must engage a minimum of 20 older adults from a diverse range of ages (50 years and older), races and ethnicities, gender identities (inclusive of cisgender, transgender, and/or nonbinary people), and boroughs of residence while developing materials for the clinical training series (as described in Section 2.A.3 of the RFP). Subcontractor must collect feedback from these older adults on their sexual health care needs and preferences to inform the content of materials and to ensure the materials are relevant and appropriate for older adult sexual health care.

b. Subcontractor must engage a minimum of 20 older adults (may be the same or different older adults as engaged in Section 2.A.1.a) while developing the patient-facing resource (as described in Section 2.A.4 of the RFP). Subcontractor must collect feedback from these older adults on the appropriateness, relevance, and readability of the design and messaging of the patient-facing resource.

c. Subcontractor must ensure that all community engagement activities with older adults are responsive to the needs and preferences of the older adults regarding scheduling, mode of delivery (for example, in-person, virtual, or hybrid options), and other accessibility considerations, such that all can effectively participate.

d. Subcontractor must engage a minimum of two primary care providers as subject matter experts (SMEs) in sexual health care and routine opt-out HIV and STI screening for older adults while developing the clinical training series and patient- and provider-facing resources (as described in Sections 2.A.3 and 2.A.4 of the RFP). Subcontractor must collect feedback from SMEs to inform the content of the materials and to ensure the materials are relevant to primary care providers, contain clinically accurate health information, and are appropriate to achieve the SHARP Program goals.

e. Subcontractor must provide incentives to older adults and SMEs for their participation in community engagement activities. All incentives must comply with the incentive guidance and must be in the form of:

- Gift cards but must not be redeemable for cash and may not be in the form of pre-paid credit cards. Only the following gift cards are acceptable:
    a. Grocery stores
    b. Pharmacies
    c. Discount retail stores, such as Kmart or Target, that have household items as well as a pharmacy (note: must have a pharmacy to be considered)
    d. Phone cards
    e. Metro cards
- The following items may not be used as incentives: clothing, excluding promotional items, household appliances, pet food, gym memberships, or social/recreational activities (e.g. tickets to movies or events).
- Gift cards may not be used to purchase tobacco, alcohol, illegal drugs, or firearms. Providers must create a sticker that lists these prohibitions and affix it to the front of the gift cards.
- Incentives may not be in the form of cash payments to clients.

The NYC Health Department and PHS will provide the entire final incentive guidance post-subcontract award.

f. Subcontractor must develop and submit a draft and final Community Engagement Plan to the NYC Health Department and PHS for review and approval as a start-up milestone. The Community Engagement Plan must clearly describe how the subcontractor will implement community engagement activities.
g. Subcontractor must develop and submit a Community Engagement Results Report to the NYC Health Department and PHS for review and approval as a start-up milestone. The Community Engagement Results Report must summarize the feedback the subcontractor collected from older adults and SMEs through community engagement activities.

2. Program Expectations: Outreach Plan

a. Subcontractor must conduct a landscape analysis* by the end of Budget Period 1 for the purpose of identifying to whom they will promote the clinical training series, including primary care providers in NYC that provide health care services to older adults and networks of such providers. Activities for the landscape analysis should include:
    - Using publicly available data to identify primary care providers in priority geographic areas (for example, boroughs or neighborhoods where older adults are disproportionately affected by HIV and STIs) for targeted outreach
    - Identifying key stakeholders in primary care settings (for example, internal medicine and family medicine settings) that champion sexual health
    - Identifying and connecting with independent physician associations and associations for health care providers (for example, the Medical Society of the State of New York or the American Nurses Association of New York)
    - Attending meetings and establishing relationships with community-based organizations that provide services to older adults to learn about their referral networks
    - Identifying and connecting with other organizations providing trainings to clinical providers
b. Subcontractor must develop and submit a Landscape Analysis Report to the NYC Health Department and PHS for review and approval as a start-up milestone. The Landscape Analysis Report must describe the results of the landscape analysis activities conducted (as described in Section 2.A.2.a of the RFP).
c. Subcontractor must develop and submit a draft and final Outreach Plan to the NYC Health Department and PHS for review and approval by the end of Budget Period 2. The landscape analysis must inform the Outreach Plan. The Outreach Plan must clearly describe how subcontractor will promote the clinical training series for all training types listed in Table 1 at a minimum to:
    i. Their own existing network of primary care providers, as applicable
    ii. Primary care providers and independent physician associations identified through the landscape analysis
    iii. NYC Health Department health care provider networks (NYC Health Department will assist in an email promotion to their health care provider networks)

* A landscape analysis, also known as an environmental scan, is a participatory data collection and assessment process useful for understanding the broader context, evaluating strengths and challenges, and identifying trends to inform actionable next steps.[26]

3. Program Expectations: Clinical Training Series

Development:

a. Subcontractor must develop three distinct, individual clinical trainings (each referred to as a "clinical training" and collectively referred to as the "clinical training series") for primary care providers that focus on sexual health care for older adults and address the goals of the SHARP Program, by the end of Budget Period 2.

   i. Subcontractor must develop the clinical training series based on feedback received from community engagement activities.

   ii. Subcontractor must design the clinical training series such that each clinical training can be delivered as a standalone training, while the three trainings together form a cohesive, sequential training series. Each standalone clinical training should be approximately 45-60 minutes in length.

   iii. Subcontractor must develop the clinical training series such that it can be delivered in each of the following three formats: live in-person, live online (virtual), and self-paced online.

b. Subcontractor must ensure the clinical training series addresses the topics bulleted below for older adults, with consideration that older adults may be more likely to take multiple medications and have chronic conditions or comorbidities affecting renal and hepatic function, bone density, and cardiovascular health.[27-29] These factors require heightened clinical vigilance, and the clinical training series should provide guidance on how to provide appropriate sexual health care for older adults with the above considerations.

   - **HIV and STI prevention and treatment options,** including safer sex products, HIV and STI testing, immediate initiation of HIV antiretroviral treatment (iART), STI treatment, PrEP and emergency PEP to prevent HIV, and doxycycline post-exposure prophylaxis to prevent certain STIs (doxy PEP), with attention to the importance of clinical assessment prior to prescribing, including screening for contraindications, drug-drug interactions, and comorbidities
   - **Sexual health considerations,** including physiological changes that can affect sexual activity (for example, changing libido, erectile dysfunction, hormonal shifts due to andropause, perimenopause, menopause, and vaginal dryness)
   - **Diagnosis code considerations,** including recommended diagnosis codes (for example, ICD-10) for HIV and STI testing and prevention, along with best practices for accurate and person-centered coding, including strategies for navigating standardized diagnosis code descriptions that may contain stigmatizing language.
   - **Strategies for conducting affirming sexual history taking,** including highlighting the GOALS Approach
   - **Strategies to implement routine opt-out HIV and STI screening,** including establishing staff workflows, optimizing the use of electronic medical record systems to improve staff workflows (for example, adding flags or Best Practice alerts), adding signage to waiting rooms to notify patients about opt-out HIV and STI screening, and implementing post-test processes to improve access to status neutral[†] care

[†] Status neutral is defined as an approach to HIV in which everyone, regardless of HIV status, can access and receive comprehensive services in

c. Subcontractor must ensure that clinical training series content aligns with the principles of the GOALS Approach.
d. Subcontractor must ensure that clinical training series content includes clinically accurate health information that is evidence-based, reviewed by SMEs, and from credible scientific sources.
e. Subcontractor must develop facilitation guides for the live in-person and virtual formats of the clinical training series by the end of Budget Period 2 .
f. Subcontractor must develop a pre- and post-test for each of the three clinical trainings in the clinical training series. These tests must collectively evaluate clinical training series participants' 1) clinical knowledge of training topics (as described in Section 2.A.3.b), 2) skills and confidence to facilitate affirming sexual history-taking conversations, provide HIV and STI prevention and treatment education, and increase routine opt-out HIV and STI screening among older adults, and 3) likelihood of implementing routine opt-out HIV and STI screening among older adults as a result of the training(s). For each clinical training, the subcontractor must also assess clinical training series participants' satisfaction with the clinical training and interest in receiving additional support and resources (for example, technical assistance on clinical workflows and additional tailored trainings) from the NYC Health Department to implement sexual history-taking conversations, HIV and STI prevention and treatment education, and routine opt-out HIV and STI screening for older adults into their clinical practice.
    i. The NYC Health Department will provide a limited number of questions that subcontractor must incorporate into the assessments conducted before and after the clinical trainings (for example, pre- and post-tests), to be specified post-subcontract award. Subcontractor must develop and submit all other questions on the pre- and post-tests to the NYC Health Department and PHS for review and approval by the end of Budget Period 2.
g. Subcontractor must submit draft and final clinical training series materials (including clinical training presentations, facilitation guides, pre- and post-tests, and other supporting materials) to the NYC Health Department and PHS for review and approval, as described in Section 3 of the RFP by the end of Budget Period 2.
h. Subcontractor must obtain and maintain CME accreditation for the live in-person, live online (virtual), and self-paced online formats of the clinical training series by the end of Budget Period 2. Subcontractor may also obtain and maintain Continuing Education (CE) accreditation applicable for other health professions (for example, Certified Nurse Education (CNE) and American Academy of Physician Associates (AAPA) accreditation) for the clinical training series.

a non-stigmatizing way in the goal to end the HIV epidemic. The status neutral approach includes normalizing and encouraging HIV testing for everyone, immediate access to care and treatment for people who test positive, and immediate access to prevention services for people who test negative. People diagnosed with HIV should initiate HIV treatment medicines the same day as their diagnosis or the day following their diagnosis so that they can achieve an undetectable HIV viral load and remain healthy. Similarly, people who are not diagnosed with HIV should have access to HIV prevention services, such as PrEP and emergency PEP. A status neutral approach helps to address the many stigmas associated with HIV and emphasizes the importance of having open conversations about sexual health and well-being that are free of stigma. It also allows providers to be more people-focused, in other words, focus more on the patient and their needs rather than on their HIV status. Finally, it is often challenging for people to prevent HIV or remain undetectable when their basic needs are not met. Supportive services include case management, benefits navigation, mental health services, substance use services, housing assistance, employment, food and nutrition services, legal services, and immigration services, among others. This approach responds to community demands for equitable and person-centered services regardless of HIV status. This definition was developed in collaboration with the NYC HIV Planning Group's Status Neutral Work Group.

***Delivery (activities in Section 2.A.3.a-h must be completed prior to Delivery)*:**

i. Subcontractor must promote and deliver the clinical training series as outlined in Table 1 by the start of Budget Period 3:

Table 1: Clinical Training Series Delivery Expectations

Training type	Frequency	Format	Audience	Expectations
Routine Clinical Trainings	Clinical training series delivered quarterly (every three months)	Live online (virtual)	Individual primary care providers	• Subcontractor must actively promote the Routine Clinical Trainings among primary care providers according to subcontractor's Outreach Plan. • Subcontractor must aim to have a minimum of 30 clinical training series participants at each clinical training delivered. • Registration URLs must be publicly available.
Clinical Trainings by Request	Any of the clinical trainings delivered, as requested	Live in-person or live online (virtual)	Primary care providers or clinical teams[‡] in NYC, affiliated with the same group or practice, health system, or independent physician association	• Subcontractor must actively promote the availability of the Clinical Trainings by Request to primary care providers and clinical teams according to their Outreach Plan. • Subcontractor must aim to fulfill all requests they receive for clinical trainings. Subcontractor must deliver at minimum three Clinical Trainings by Request, annually. • Subcontractor must have a mechanism wherein primary care providers and clinical teams may request clinical trainings. • Subcontractor must be able to travel to an offsite location within NYC or host in-person clinical trainings at an accessible location and coordinate logistics such as audio/visual technology for in-person clinical trainings requested by primary care providers.
Self-Paced Clinical Trainings	Clinical training series available on an	Self-paced online	Individual primary care providers	• Subcontractor must host the Self-Paced Clinical Trainings on an online platform, available to be taken at any time.

[‡] Clinical teams refers to a group of health care professionals such as but not limited to doctors, nurses, physician assistants, pharmacists, therapists, or social workers, who work together in the same practice or health system to manage a patient's health care needs.

	ongoing basis			• Subcontractor must actively promote the Self-Paced Clinical Trainings among primary care providers according to their Outreach Plan. • Subcontractor must aim to have a minimum of 150 clinical training series participants complete at least one of the Self-Paced Clinical Trainings annually.

j. Subcontractor must provide all written clinical training materials (for example, clinical training presentations, factsheets, or resource guides) to clinical training series participants, either electronically (for example, via email) or as printed copies within five business days of the delivery of a clinical training.
k. Subcontractor must disseminate pre-tests, post-tests, and other assessments to clinical training series participants for each clinical training delivered. Post-tests and other applicable assessments must be disseminated immediately after the clinical training concludes.
l. Subcontractor must manage the clinical training registration process.
m. Subcontractor must ensure they have the technological capacity to meet the clinical training series delivery expectations. This includes access to an online video platform for hosting virtual clinical trainings, access to an online learning management system (LMS) or other secure tracking system for hosting self-paced clinical trainings, access to an online survey platform, and access to email marketing software and an email address for sending professional mass emails.

***Post-Training Activities*:**

n. Subcontractor must provide timely linkages to the appropriate NYC Health Department team for all clinical training series participants who indicate interest in receiving additional support and resources from the NYC Health Department after they participate in a clinical training. The NYC Health Department will provide more information (for example, contact information) to subcontractor post-subcontract award. Subcontractor must track and report interest in and completion of linkages to the NYC Health Department for implementation support.
o. Subcontractor must coordinate CME credits for eligible clinical training series participants for each clinical training delivered.
p. Subcontractor must submit de-identified and aggregate information to the NYC Health Department on clinical training series registrants and participants for each clinical training delivered (Routine Clinical Trainings, Clinical Trainings by Request, and Self-Paced Clinical Trainings). For more information on Data Reporting and Management, see Section 2.C of the RFP.
q. Subcontractor must report all de-identified participant-level data from the pre-tests, post-tests, and other assessments to the NYC Health Department monthly, as described in Section 3 of the RFP. Subcontractor must use any feedback and data collected from the pre-tests, post-tests and other assessments to improve future clinical training delivery.

4. Program Expectations: Provider- and Patient-Facing Resources

a. Subcontractor must develop two provider-facing resources that focus on supporting implementation of routine opt-out HIV and STI screening for older adults and facilitating

affirming sexual history-taking conversations by the end of Budget Period 2 (for example, HIV and STI prevention guidance for older adults, pocket guide on taking a sexual history, HIV and STI testing and prevention diagnosis coding guide, and routine opt-out HIV and STI screening implementation checklist).
    i. Provider-facing resources must be developed in consultation with SMEs according to community engagement expectations described in Section 2.A.1 of the RFP.

b. Subcontractor must develop one patient-facing resource that contains tailored information for older adults to support engagement in HIV and STI prevention and treatment services by the end of Budget Period 2, (for example, HIV and STI myths and facts, or guide to talking to your provider about sexual health).
    i. The design and messaging of the patient-facing resource must reflect feedback from older adults according to the community engagement expectations described in Section 2.A.1 of the RFP.

c. Subcontractor must have the patient-facing resource translated into, at minimum, Spanish, French, and Haitian Creole. Translations must be completed by a professional language translation service (for example, Transcription and Translation Services). Subcontractors should aim to have translations verified by native speaker(s) when possible. All translation expenses must be included in the proposed budget.

d. Subcontractor must ensure that each resource:
    i. Includes content and visuals that feature older adults
    ii. Is informed by community input and feedback on aspects such as plain and accessible language, imagery, layout, and relevance
    iii. Is digital, printable, and follows best practices for digital accessibility
    iv. Includes clinically accurate health information that is evidence-based, reviewed by SMEs, and from credible scientific sources

e. Subcontractor must submit draft and final provider- and patient-facing resources to the NYC Health Department and PHS for review and approval, as described in Section 3 of the RFP by the end of Budget Period 2.

f. Subcontractor must distribute digital provider- and patient-facing resources to all clinical training series participants and make digital resources available online.

5. Program Expectations: General Program Implementation Activities

a. Subcontractor must conduct activities during the start-up period that will allow them to begin developing the clinical training series and provider- and patient-facing resources. During the start-up period, activities must include, but are not limited to:
    i. Hiring staff who will work on the SHARP Program
    ii. Ensuring staff complete the NYC Health Department-required trainings, as specified in Attachment E- Acknowledgement of SHARP Training Curriculum.
    iii. Completing the start-up milestones, including conducting community engagement activities and completing the landscape analysis
    iv. Initiating data collection and reporting (as applicable)
    v. Creating processes, procedures, workflows to prepare for the delivery of the clinical training series, including access to an online video platform for hosting virtual clinical trainings, access to an online LMS or other secure tracking system for hosting self-paced clinical trainings, access to an online survey platform, and access to email marketing software and an email address for sending professional mass emails

vi. Conducting other appropriate internal activities to support implementation of the SHARP Program requirements, such as preparing for CME accreditation

b. Subcontractor must create and submit a comprehensive Work Plan (template to be provided by the NYC Health Department) at the beginning of each budget period that outlines activities, timelines, and staff responsible for implementing the SHARP Program activities as outlined in the program timeline below:

Program Timeline	**Expectations**
Start-up period (Budget Period 1)	Hire program staff, program staff complete required trainings, conduct community engagement activities, complete landscape analysis
By end of Budget Period 2	Develop the CME-accredited clinical training series, develop outreach plan, develop provider- and patient-facing resources
In Budget Period 2 through Budget Period 3	Promote and deliver the clinical training series, distribute provider- and patient-facing resources, link interested clinical training series participants to NYC Health Department for implementation support

c. Subcontractor must attend and participate in technical assistance activities with the NYC Health Department and PHS including, but not limited to, provider meetings, technical assistance calls, webinars, teleconferences, and site visits.
   i. Program staff with managerial responsibilities (for example, Program Manager) must attend provider meetings and site visits facilitated by the NYC Health Department and PHS. The NYC Health Department and PHS will hold provider meetings with all subcontractors to provide training, receive feedback from subcontractors, and discuss best practices, successes, and challenges.
   ii. A NYC Health Department Project Officer will conduct technical assistance calls with the subcontractor on a weekly, biweekly, or monthly basis to discuss and improve program implementation, reporting, and monitor contract compliance.

d. Subcontractor must ensure all materials, resources, and clinical trainings adhere to the National Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards focus on ensuring that services are linguistically accessible and sufficiently supported by translation and interpretation for clients with limited English proficiency (LEP) and routinely monitoring progress toward related goals. These standards are especially critical to uphold in NYC, where 25% of New Yorkers are considered LEP, and 48% of those over five years old speak a language other than English at home.[30-31] Subcontractor may find additional resources about CLAS Standards and tools for successful adoption of these standards here.

e. Subcontractor must become a member of *New York Knows*, one of the nation's largest HIV testing initiatives. Subcontractor is strongly encouraged to attend monthly borough meetings (meetings take place during business hours). Email NewYorkKnows@health.nyc.gov to become a partner.

f. Subcontractor must follow all applicable confidentiality and privacy laws, including federal, NYS, and NYC laws, to protect clinical training series participants' privacy.

Note: All reports, documents, deliverables, and other materials produced for the SHARP Program, including but not limited to clinical training curricula, presentations, facilitation guides, evaluation

tools, provider-facing resources, and patient-facing resources, will be considered "work-made-for-hire" and will become the exclusive property of the NYC Health Department. The NYC Health Department may grant subcontractor a license or written approval to use these materials after the completion of the SHARP Program.

6. Proposal Instructions for Section A

a. Complete the Proposed Program Approach and Implementation section of the Structured Proposal Form (Attachment A).

7. Guidance for How Proposals Will Be Evaluated for Section A

a. This section will be evaluated based on the quality of the proposed approach and the extent to which the applicant satisfactorily describes their ability to meet program expectations based on the criteria listed in this section. Attachment M - Proposal Scoring Criteria outlines the criteria that will be used to evaluate responses.
b. This section is worth a maximum of **33 points** in the Proposal Evaluation.

B. Health Care Workforce and Staffing Plan *(20 Points)*

Supporting a health care workforce that is culturally responsive to and representative of the NYC Health Department's HIV Prevention Program's priority populations is a top priority for the NYC Health Department and a key recommendation of the NYC 2020 EHE Plan. Specifically, the NYC Health Department aims to support inclusive hiring, staffing, and retention practices, such as:

- Reducing unnecessary educational, degree, or certification requirements for job postings, which may create discriminatory barriers to employment
- Proactively promoting the recruitment and hiring of applicants with lived or professional experience working with people affected by HIV
- Providing staff with flexible time off, professional development opportunities, and proactive staff retention activities
- Monitoring and promoting diversity across all positions and levels of leadership
- Investing in an inclusive, equitable, and anti-racist workplace culture with explicit protocols on how instances of bias or discrimination will be fairly addressed
- When possible, proactively recruiting individuals enrolled in or credentialed by the NYS Peer Worker Certification Program

The NYC Health Department is committed to working toward greater diversity and inclusion in its own workforce and is continuously improving its own strategies to meet these same goals. NYC Health Department staff will work alongside subcontractor to exchange best practices and lessons learned.

1. Program Expectations

a. Subcontractor must demonstrate specific experience in how its organization works to transform or dismantle institutional policies and practices that compromise the well-being of its workforce, specifically through process or policy activities related to time off and flexible scheduling, professional development, and promotional opportunities.
b. Subcontractor must create, maintain, and submit an updated staffing roster to the NYC Health Department. The staffing roster will contain a list of all staff who work on the SHARP Program, including staff who fulfill or will fulfill the staff positions as described in Section 2.B.1.c, below. Subcontractor must include in the staffing roster the following

information for each staff (in-kind and funded by the SHARP Program) who is fulfilling or will fulfill a staff position:

- Staff name
- Staff position title
- A brief description of SHARP Program responsibilities for the staff position
- The full-time equivalent percentage (FTE) designated for the staff position to fulfill the SHARP Program responsibilities
  - In-kind or SHARP Program-funded
- Date hired
  - If the staff position is vacant:
    - Plans to fill the staff position
    - Staffing contingency plan – the plan to conduct the work if hiring is delayed
- Professional development plans, if staff have been hired for the position

c. Subcontractor must ensure the SHARP Program is staffed with personnel who possess appropriate qualifications and training commensurate with these qualifications. Subcontractor must ensure sufficient staffing is in place to support all aspects of SHARP Program implementation and to meet all expectations in the RFP. Subcontractor should hire all staff listed in the staffing roster (see Section 2.B.1.b above) by the end of the start-up period and appropriately train them as specified in Attachment E: Acknowledgement of SHARP Training Curriculum. Subcontractor must include in the staffing roster the following staff positions (staff positions may be filled by in-kind or SHARP-funded staff):
Note: A staff position's responsibilities and required minimum FTE may be fulfilled by one staff or by multiple staff . The actual organizational titles of staff may differ from the titles described below, but staff position descriptions listed in the staffing roster must align with the positions, responsibilities, and qualifications described below and minimum required FTE levels.

i. **Program Manager (required position; minimum 0.25 FTE):** Staff who will oversee operations of the program, ensure model fidelity for all activities implemented through the program, and ensure all program and training requirements are met. The Program Manager may also coordinate SMEs as part of community engagement activities, manage CME accreditation, conduct the landscape analysis, and manage virtual clinical training platforms. The Program Manager will be the co-point of contact to the NYC Health Department and PHS, and participate in all communications, meetings, activities, and events hosted by the NYC Health Department and PHS. The Program Manager will support all program staff, provide staff supervision, and ensure staff have access to professional development opportunities.

ii. **Clinical Training Specialists (required position; minimum 1.5 FTE):** Staff who will conduct community engagement activities; develop, coordinate logistics, and registration for, promote, and co-facilitate the clinical training series; develop and distribute provider- and patient-facing resources; link clinical training series participants to the NYC Health Department when appropriate; and develop all required program documents. The Clinical Training Specialists will co-facilitate the clinical training series with the Health Care Provider Consultant(s). They will be a co-point of contact to the NYC Health Department and PHS, and will

participate in all communications, meetings, activities, and events hosted by the NYC Health Department and PHS.

iii. **Data Manager (optional position; recommended 0.15 FTE):** Staff who will collect and report data into the NYC Health Department's online data collection system in a timely manner and to meet the requirements outlined in Section 2.C of the RFP, perform data quality and completeness checks, support development of evaluation tools (clinical training pre- and post-tests and other assessments) for the clinical training series, analyze clinical training pre- and post-test data, and serve as a liaison between subcontractor and the NYC Health Department for data-related matters. If subcontractor does not include a Data Manager in the staffing roster, the responsibilities of this position must be fulfilled by other staff working on the SHARP program.

iv. **Health Care Provider Consultant(s) (required position; required credentials: MD, DO, NP, or PA):** Consultant(s) who will co-facilitate the clinical training series (Routine Clinical Trainings and Clinical Trainings by Request) with the Clinical Training Specialists. The Health Care Provider Consultant(s) may also serve as one of the SMEs engaged during the development of the clinical training series and provider-facing resources (see Section 2.A.1.d of the RFP), if appropriate.

d. Subcontractor must make best efforts to implement recruitment and hiring strategies that will build and maintain a diverse and inclusive workforce.
e. Subcontractor must ensure that there is appropriate supervision of all staff working on SHARP Program activities.
f. Subcontractor must comply with all applicable federal, NYS, and NYC labor laws, including, but not limited to, minimum wage and paid sick leave laws.
g. Subcontractor must ensure that all appropriate staff fulfill the specified NYC Health Department training requirements for this program, as specified in the Acknowledgement of SHARP Training Curriculum (Attachment E).

2. Proposal Instructions for Section B

a. Complete the Health Care Workforce and Staffing Plan section of the Structured Proposal Form (Attachment A).
b. Upload the signed Acknowledgement of SHARP Training Curriculum (Attachment E)

3. Guidance for How Proposals Will Be Evaluated for Section B

a. This section will be evaluated based on the extent to which the applicant satisfactorily describes program capacity to meet program expectations listed in this section. Attachment M - Proposal Scoring Criteria outlines the criteria that will be used to evaluate responses.
b. This section is worth a maximum of **20 points** in the Proposal Evaluation.

C. Data Reporting and Management *(10 Points)*

1. Program Expectations

a. Subcontractor must collect, manage, and submit programmatic data and milestone documentation into the NYC Health Department's online data collection portal in the frequency specified in Section 3 of the RFP.
b. Subcontractor must collect, manage, and submit programmatic data and milestone documentation as specified in Section 3 of the RFP, into the NYC Health Department's online data collection portal. The NYC Health Department will use the following indicators

to monitor program performance and inform the technical assistance they will provide to subcontractor. Data points and indicators may change during the term of the subcontract and will be finalized post-subcontract award.

1. # of older adults engaged during the development of the clinical training series, by age, borough, race and ethnicity, gender identity, and sexual orientation
2. # of older adults engaged during the development of the patient-facing resource, by age, borough of residence, race and ethnicity, gender identity, and sexual orientation
3. # of SMEs engaged during the development of the clinical training series, by borough(s) of practice, health care provider type, and area of specialization
4. # of SMEs engaged during the development of patient- and provider-facing resources, by borough(s) of practice, health care provider type, and area of specialization
5. # of key stakeholders identified in primary care settings (via the landscape analysis)
6. # of independent physician associations identified (via the landscape analysis)
7. # of clinical trainings delivered, by training type and format
8. # of unique health care providers who have completed at least one clinical training in the clinical training series, by training type and format, borough(s) of practice, health care provider type, and area of specialization
9. # of unique health care providers who have completed all clinical trainings in the clinical training series, by borough(s) of practice, health care provider type, and area of specialization
10. # of clinical training series participants, by training type and format, borough(s) of practice, health care provider type, and area of specialization
11. % average change in clinical knowledge, skills, and confidence scores on pre- and post-tests
12. % of clinical training series participants who scored 80% or higher on the post-test
13. % average change in likelihood of implementing routine opt-out HIV and STI screening on pre- and post-tests
14. % of clinical training series participants who reported being "satisfied" or "very satisfied" with the clinical training
15. # of clinical training series participants who requested linkages to the NYC Health Department for additional support and resources
16. # of linkages to the NYC Health Department completed
17. # of patient-facing resources distributed by language (English, Spanish, French, Haitian Creole, and other languages as appropriate)
18. # of provider-facing resources distributed

c. Subcontractor must comply with all NYC Health Department and PHS data reporting requirements as specified in Section 3. Subcontractor will receive information post-subcontract award that details the final reporting requirements and milestone submissions, including format and submission process.
d. Subcontractor must establish an internal process for collecting data and ensuring completeness, consistency, and accuracy of the data collection. Subcontractor must also have a plan to address requisite changes to meet reporting requirements, including submission of programmatic data.
e. Subcontractor must respond to data requests from the NYC Health Department and PHS.

f. Subcontractor must maintain data and information integrity, confidentiality, and security of the data collected and submitted to the NYC Health Department and PHS for the SHARP Program. Subcontractor must not send personal identifiers of clinical training participants (for example, contact information of individuals who are engaged through the clinical training series) to the NYC Health Department or PHS through regular email, text messages, or in any reporting documents, unless specifically requested by the clinical training series participant.
g. Subcontractor must respond to quality assurance and quality improvement questions and reports from the NYC Health Department and PHS in a timely manner.

2. Proposal Instructions for Section C

a. Complete the Data Reporting and Management section of the Structured Proposal Form (Attachment A).

3. Guidance for How Proposals Will Be Evaluated for Section C

a. This section will be evaluated based on the quality of the proposed approach and the extent to which the applicant demonstrates ability to meet data reporting and management expectations listed in this section. Attachment M- Proposal Scoring Criteria outlines the criteria that will be used to evaluate responses.
b. This section is worth a maximum of **10 points** in the Proposal Evaluation.

D. Organizational Experience *(32 Points)*

1. Program Expectations

a. Applicant must have a minimum of three years of experience (within the 10 years preceding proposal submission) providing training to individual health care providers or clinical teams.
b. Applicant must have a minimum of three years of experience (within the 10 years preceding proposal submission) developing resources for health care providers or clinical teams such as presentations, workshops, provider pocket guides, and best practice guides.
c. Applicant must have a minimum of three years of experience (within the 10 years preceding proposal submission) providing training on HIV, STIs, and sexual health care.
d. Applicant must demonstrate how their organization is ready to obtain and maintain CME accreditation for clinical trainings developed and delivered under the SHARP Program.
    i. See Section 2.D.3 of the RFP for guidance on how proposals will be evaluated for Section D and Question D.5 of the Structured Proposal Form for instructions on how applicants can demonstrate experience.
e. Applicant must demonstrate how their organization is ready to meet the technological capacity required of the SHARP Program, including access to an online video platform for hosting virtual clinical trainings, access to an online LMS or other secure tracking system for hosting self-paced clinical trainings, access to an online survey platform, and access to an email marketing software and an email address for sending professional mass emails.

2. Proposal Instructions for Section D

a. Complete the Organizational Experience section of the Structured Proposal Form (Attachment A).
b. Submit documentation of previous experience obtaining CME training accreditation (Attachment F: CME Documentation), if applicable. Documentation must show that a

CME accrediting body granted accreditation for an educational activity planned and implemented by your organization within the 10 years preceding proposal submission and must include the following:

- Organization's name
- The name of the CME accrediting body
- The name of the training that is or was CME accredited
- A CME accreditation date or renewal date within 10 years preceding proposal submission

3. Guidance for How Proposals Will Be Evaluated for Section D

a. This section will be evaluated based on the extent to which the applicant demonstrates successful relevant organizational experience based on the expectations listed in this section. Attachment M - Proposal Scoring Criteria outlines the criteria that will be used to evaluate responses.
b. Question D.5 in the Structured Proposal Form will be evaluated based on the submission of documentation as specified in the question (Attachment F: CME Documentation). This is an all or nothing question meaning that documentation must be submitted as specified for the full points to be awarded, otherwise zero points will be awarded.
c. This section is worth a maximum of **32 points** in the Proposal Evaluation.

E. Budget Management *(5 points)*

1. Program Expectations

a. Applicant must propose a budget in alignment with their proposed SHARP Program and the expectations set forth in Section 2 of the RFP.
b. Applicant must propose a budget in alignment with the funding restrictions listed in the Basic Information Table of this RFP.
c. Applicant must propose a budget in alignment with Section 2.A.1.e.
d. Subcontractor may provide light refreshments or simple food items as part of the SHARP Program when necessary to support participation in structured program activities.
    i. Costs may not exceed $9.00 per participant for breakfast, $15.00 per participant for lunch, and $9.00 per participant for light refreshments without prior written approval from PHS. NYC Health Department and PHS reserve the right to update these cost limits. All costs must be reasonable and necessary to support participation in program activities
    ii. Food and light refreshments provided under this provision are considered participant engagement support and do not constitute nutrition services or meal program benefits.
    iii. Subcontractor must maintain documentation including:
        - Event attendance records
        - Itemized receipts for food and light refreshment purchases
e. Applicant must submit a Budget Management Form estimating the cost of program activities for a full 12-month budget period, exclusive of any start-up costs during which staff would be hired and services would be ramping up. There must be clearly delineated costs for personnel and other than personnel costs (OTPS) (in other words, costs for supplies, equipment, and contractual services) that will be necessary to carry out the goals of the program and the proposed program activities.

i. Proposal budgets must cover all resources needed to implement the program as proposed, including but not limited to, associated training costs, incentives, consultant expenses, allocations for staff travel, and technology.

2. Proposal Instructions for Section E

a. Applicants should complete and attach the Budget Management Form, Attachment B, with line-item budgeting to support the annual operating and program expenses for a typical full year. Each budget line-item requires a brief narrative justification and methodology.

3. Guidance for How Proposals Will Be Evaluated for Section E

a. Each proposal must include the proposed program's line-item budget to be reviewed. The proposed budget will be scored based on its alignment with the expectations listed in this section.

b. This section is worth a maximum of **5 points** in the Proposal Evaluation.

Section 3 – Start-up and Ongoing Milestones

It is anticipated that the start-up period is comprised of the first seven months of the subcontract term (December 1, 2026 – June 30, 2027). Subcontractor will be required to complete start-up milestones. Start-up milestones will be finalized post-subcontract award. All milestones submitted will be subject to NYC Health Department and PHS review and approval.

Start-up Milestones	
Milestone Name	**Description**
Community Engagement Plan	Subcontractor must submit a draft and final Community Engagement Plan that clearly describes how subcontractor will complete the community engagement activities described in Section 2.A.1 of the RFP, including a description of planned activities and content of engagement, how subcontractor will recruit older adults and SMEs and coordinate logistics, an implementation timeline, staff members that will be involved, incentives that will be used, and how subcontractor will ensure diversity of older adults engaged.
Community Engagement Results Report	Subcontractor must submit a report describing the results of the completed community engagement activities. The report must include a description of the older adults and SMEs engaged (including how many people were engaged), a summary of themes that emerged from older adults on their sexual health care needs and preferences, and feedback collected from older adults and SMEs on the content that should be included in the clinical training series and provider- and patient-facing resources. Subcontractor must also submit aggregate data to meet the community engagement-related indicators listed in Section 2.C of the RFP.
Landscape Analysis Report	Subcontractor must submit a report describing the results of their landscape analysis activities conducted to identify to whom they will promote the clinical training series, including primary care providers in NYC that provide health care services to older adults and networks of such providers. Subcontractor must also submit aggregate data to meet the landscape analysis-related indicators listed in Section 2.C of the RFP.
Staffing Roster	Subcontractor must submit a list of staff who work on the SHARP Program and details for each staff, including: staff position title, a brief description of SHARP job responsibilities, FTE designated for staff to fulfill the SHARP job responsibilities, date hired or plans to fill the position if the position is vacant, and professional development plan for named staff. The staffing roster should show that subcontractor has hired 100% of program staff by the end of the start-up period.

Following the start-up period, subcontractor will be required to complete all ongoing milestones at the frequency described in the Ongoing Milestones table below, until the end of the subcontract term. Ongoing milestones will be finalized post-subcontract award. All milestones submitted will be subject to NYC Health Department and PHS review and approval.

Ongoing Milestones		
Milestone Name	**Description**	**Frequency**
Training Materials	Subcontractor must submit draft and final (CME-accredited) clinical training materials developed foreach of the three formats (live in-person, live online, and self-paced online) of the clinical training series (including clinical training presentations with facilitation guides, pre- and post-tests and other assessments, and other supporting materials developed for clinical training series participants, such as handouts or guidance sheets). The NYC Health Department will provide feedback on draft clinical training materials within one month of submission, which subcontractor must incorporate into final clinical training materials.	Draft clinical training materials: • Once, due 90 days before subcontractor submits for CME accreditation Final (CME-accredited) clinical training materials: • Once, due by the end of Budget Period 2
CME Documentation	Subcontractor must submit documentation confirming each format of the clinical training series (including the live in-person, live online, and self-paced online formats of each clinical training) are CME accredited.	Once, by the end of Budget Period 2
Outreach Plan	Subcontractor must submit a document describing how they will promote the clinical training series (including Routine Clinical Trainings, Clinical Trainings by Request, and Self-Paced Clinical Trainings) to, at a minimum: their own existing network of primary care providers (as applicable), primary care providers and independent physician associations identified through the landscape analysis, and NYC Health Department health care provider networks for the duration of the SHARP Program.	Once, by the end of Budget Period 2
Provider- and Patient-Facing Resources	Subcontractor must submit draft and final provider- and patient-facing resources for review and approval by the NYC Health Department and PHS. The NYC Health Department will provide feedback on draft resources within one month of submission, which subcontractor must incorporate into final resources.	Draft provider- and patient-facing resources: • Once, due 60 days before the end of Budget Period 2 Final provider- and patient-facing resources: • Once, due by the end of Budget Period 2
Programmatic Data Submissions	Subcontractor must submit aggregate data into the NYC Health Department's online data collection portal, on clinical training series delivery, post-training activities, and provider- and patient-facing resources to meet the indicators listed in Section 2.C of the RFP. Aggregate data includes but is not limited to clinical training registration and attendance information, participant-level pre-test,	Monthly, upon initiation of training delivery (by the start of Budget Period 3)

	post-test, other assessment data, and linkages made to NYC Health Department teams for implementation support.	
Annual Work Plan	Subcontractor must submit a Work Plan that outlines activities, timelines, and staff responsible for activities, including developing the Outreach Plan, developing all clinical training materials and provider- and patient-facing resources, delivering the clinical training series, collecting and reporting pre- and post-test and other assessment data, and making follow-up linkages to NYC Health Department teams for implementation support.	Annually, at the beginning of each budget period
Staffing Roster	Subcontractor must submit a list of all staff who work on the SHARP Program and details for each staff such as: staff position title, a brief description of SHARP job responsibilities, FTE designated for staff to fulfill the SHARP job responsibilities, date hired or plans to fill the position if the position is vacant, and professional development plan for named staff.	Annually, at the beginning of each budget period

The fulfilment of start-up and ongoing milestones will be contingent on subcontractor's ability to meet the requirements specified above in the Start-up Milestones and Ongoing Milestones tables. All milestones (start-up and ongoing) listed above are subject to change.

Section 4 – Basis for Subcontract Awards and Procedures

A. Planned Method of Evaluating Proposals

All proposals received by PHS, on behalf of the NYC Health Department, will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals determined by PHS and the NYC Health Department to be non-responsive will not move to the next stage of the review process.

Responsive proposals will be evaluated according to the evaluation criteria outlined in this RFP. Proposals will be scored on a scale of 0-100 points. Only proposals that have an average score of 70 points or more will be eligible for consideration for funding.

As part of the proposal review process, the NYC Health Department and PHS reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations and/or demonstrations, as the NYC Health Department and PHS deem applicable and appropriate. Although discussions may be conducted with applicants submitting responsive and viable proposals, the NYC Health Department and PHS reserve the right to select subcontracts based on initial proposals received, without discussions; therefore, the applicant's initial proposal should contain its best programmatic and cost terms.

PHS requires all applicants to complete a risk assessment questionnaire for this RFP. The risk assessment is not part of the proposal evaluation and will not be scored. However, PHS may recommend special subcontract conditions (such as more frequent progress reporting or site visits) to mitigate risk. PHS will continue to monitor the risk and overall progress of awarded applicants with special subcontract conditions during the contract term to evaluate the effectiveness of the special conditions. PHS will also conduct integrity checks of potential subcontractors as part of the solicitation process, including but not limited to, review of audited financial statements and internet searches.

B. Subcontract Awards

A subcontract award will be given to the applicant whose proposal is determined to be the most qualified by PHS, in collaboration with the NYC Health Department, taking into consideration the factors set forth in this RFP. The subcontract award will be made to the highest rated applicant whose proposal is technically viable.

PHS, in collaboration with the NYC Health Department, may:

- Cancel this RFP in whole or in part, at any time, if anticipated funding is not received.
- Increase or decrease the total funding amount depending on funding availability.
- Prior to subcontract, determine the length of the initial subcontract term and each option to renew, if any.
- Prior to subcontract execution and during the term of the subcontract (by written agreement), change the reimbursement structure/model, program type, program delivery minimums, data and reporting requirements, and milestones depending on the needs of the system.

- Issue additional subcontract awards to organizations whose proposals are deemed fundable but not initially given a subcontract award due to funding limitations, if additional funds later become available
- Not make a subcontract award depending on the availability of funding or NYC needs.

Final subcontract award decisions will be made by the NYC Health Department in collaboration with PHS. Final subcontract decisions may also consider past subcontract performance (if subcontractor has current subcontract(s) or had subcontract(s) within the last two years with PHS) or reference/background checks for subcontractors without any prior or recent subcontract relationship with PHS.

Subcontract execution is contingent upon successful completion of negotiations; vendor background check; and demonstration of all required insurance coverage and all other requirements of and approvals by PHS, the NYC Health Department, the City of New York, the State of New York, and the U.S. government, as applicable.

Section 5 - Proposal Submission Instructions

To Download the RFP documents, visit the PHS Procurement Portal:

https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities

1. On the "Open Public Opportunities" tab, select the "View Opportunity" button to the right of the appropriate RFP.
2. Scroll down to the segment titled "Supporting Documentation" and click on the "Download" button to all the RFP documents you wish to download.

**Note: To view the Opportunity (aka RFP) and download the RFP documents you must be registered and logged into your PHS Procurement Portal Account. If you already have an existing Vendor Account with Bonfire, you do not need to register for a new account to access PHS RFPs or submit proposals to PHS.*

How to Register as a Vendor in the PHS Procurement Portal

To use the PHS Procurement Portal, you must first *Register for a New Vendor Account*:

https://healthsolutions.bonfirehub.com/portal/?tab=login. The Registration button is located on the upper right corner of the screen.

- Step 1: Account Confirmation (*required*)
  - Fill out all listed fields and click on Create Account. If the account was created successfully, you will see a "Success" message.
  - To continue with the registration process, check your email inbox for confirmation. Open the email and click on the "Complete your registration" button, where a new page will open prompting you to create a password.
- Step 2: Account Information (*required*)
  - Fill out all required (marked with an asterisk) fields.
- Step 3: Documentation (*optional*)
- Step 4: Commodity Codes (*optional*)
- Step 5: Complete Registration (required)

Note: Any optional steps can also be completed after registration.

To Submit Proposal via the PHS Procurement Portal:

All the documents listed in the Required Documents section in Basic Information must be completed and submitted via the PHS Procurement Portal by the proposal due date and time.

To submit a proposal:

1. Navigate to the 'Open Public Opportunities' tab and select the 'View Opportunity' button to the right of the appropriate RFP.
2. Scroll down to the segment titled 'Submission'. Indicate 'Yes' to the question asking for your intention to bid on this opportunity. Click 'Submit'.
3. After confirmation, the 'Prepare' Tab will open. When you are ready, select 'Prepare Your Submission'. For a quick overview of the submission process please watch the accompanying
4. video, if needed.
5. On the Submission page, upload the required documents and submit and finalize your proposal.

Note: After the 'RFP Close Date', you will be unable to modify your proposal and uploaded documents.

Designated individual documents can be uploaded and/or elected to be shared via HHS Accelerator *(such as the IRS 501(c)(3) Determination Letter; NYS Certificate of Incorporation; Board of Directors List; and/or Annual Financial Statement)*. Required submission method for each document is indicated in the PHS Procurement Portal.

You should NOT submit a hard copy of your proposal or submit via email. Use of the PHS Procurement Portal is REQUIRED. Proposals sent by hard copy or email will NOT be considered as submitted.

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time to check that you have included all necessary digital file attachments. *Please ensure that you have a working login, and familiarize yourself with the PHS Procurement Portal, at least one week before the proposal submission deadline.*

Note that proposals received after the Proposal Due Date may be deemed non-responsive and not eligible for further review.

*It is the responsibility of the submitting organization to ensure delivery of the proposal to Public Health Solutions via the PHS Procurement Portal by the submission deadline. A confirmation of receipt of the proposal submission will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the proposal submission and is **not** a confirmation that the proposal submission is complete or responsive.*

All communication (for example, submitting a question, indicating a notice of intent to submit) will all be conducted via the PHS Procurement Portal.

Proposal Format Requirements

Applicants are expected to adhere to the following formatting requirements:

1. Each document of the proposal should be titled using the following naming convention: *Applicant Name Document Title <<as listed in RFP>>_SHARPRFP*
2. Proposal documents should be submitted in the respective format specified in the RFP *(for example, Budget in Microsoft Excel).*
3. Minimum font size is Calibri 11-point except for any required tables and any included supportive charts, which may use a font no smaller than 10-point.
4. Attachment A: Structured Proposal Form must:
    a. Be a maximum of 15 pages, inclusive of the seven pages contained within the Structured Proposal Form. The Structured Proposal Form must use single-spaced, Calibri 11-point font (except for any required tables, which may use a font no smaller than 10-point), and 1-inch margins. **Content beyond the specified maximum page limit will not be reviewed.**
    b. Remain in the same format provided; do **not** renumber or reorder questions; do **not** delete any text provided, including question text or tables.
    c. Each page of the Structured Proposal Form, including attachments, should be consecutively numbered.
5. Each page of the proposal should include as a header or footer the name of the organization submitting the proposal.

Section 6 – List of Attachments

The following attachments for this RFP can be downloaded from the PHS Procurement Portal:
https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities

1. Attachment A: Structured Proposal Form *(must be submitted in Microsoft Word file)*
2. Attachment B: Budget Management Form *(must be submitted in Microsoft Excel file)*
3. Attachment C: Organization and Program Information Summary *(must be submitted as Microsoft Excel file)*
4. Attachment E: Acknowledgement of SHARP Training Curriculum *(must be digitally signed and submitted as a certified PDF file)*
5. Attachment G: Board of Directors' Statement – Written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors *(see sample statement provided)*
6. Attachment H: PHS Subcontractor Risk Questionnaire
7. Attachment L: Minimum Eligibility Requirements Attestation Statement
8. Attachment M: Proposal Scoring Criteria

The following Required Documents must be submitted via PHS Procurement Portal:

1. Attachment A: Structured Proposal Form *(template provided; must be submitted in Microsoft Word file)*
2. Attachment B: Budget Management Form *(template provided; must be submitted in Microsoft Excel file)*
3. Attachment C: Organization and Program Information Summary *(template provided; must be submitted as Microsoft Excel file)*, including the completion of the following tabs:
    i. Information Cover Sheet
    ii. Required Documents
    iii. Organizational Eligibility
    iv. Government Funding Sources
    v. Proposed Program Staff
    vi. Program Operating Site Location
    vii. Program Hours and Days of Operations
4. Attachment D: Organizational Chart *(no template provided)*
5. Attachment E: Acknowledgement of SHARP Training Curriculum (*template provided; must be digitally signed and submitted as a certified PDF file)*
6. Attachment F: CME Documentation, if applicable *(no template provided).* CME documentation must include the following information:
    i. Organization's name
    ii. The name of the CME accrediting body
    iii. The name of the training that is or was CME accredited
    iv. A CME accreditation date or renewal date within 10 years preceding proposal submission

7. Attachment G: Board of Directors' Statement – written on organizational letterhead and signed by the Chair, President, or Secretary of the Board of Directors *(see sample statement provided)*
8. Attachment H: PHS Subcontractor Risk Questionnaire *(template provided, must be submitted in Microsoft Excel File)*
9. Attachment I: Internal Revenue Service 501(c)(3) Determination Letter
10. Attachment J: New York State Certificate of Incorporation documents
    i. The full copy of incorporation documents must be submitted including any amendments
    ii. Organizations using a DBA (Doing Business As) name, business alias, assumed name, trade name, operating name, etc., must submit an Assumed Name Certificate showing the relation between the original corporation name and current DBA name
11. Attachment K: Current Board of Directors List *(no template provided)*
12. Attachment L: Financial Report Requirements (All applicants must submit the most recent fiscal year-end financial documents. Refer to the criteria below.)
    I. Single Audit Report: For applicants that expend $1,000,000 or more in federal awards during the applicant's fiscal year.
    II. Independent CPA Audit Report: For applicants with annual gross revenue and support of $750,000 or more.
    III. Independent CPA Review Report: For applicants with annual gross revenue and support of $250,000 to $749,999.
    IV. Unaudited Financial Report: For applicants with annual gross revenue and support under $250,000.
13. For applicants with an Indirect Cost Rate: If applicable, applicants with a Negotiated Indirect Cost Rate (NICRA) or an NYC-approved indirect cost rate must submit evidence of the rate with their proposal. This would include a copy of their NICRA or NYC-Accepted ICR and Verification Documentation, as applicable.

Section 7 – Insurance Requirements

The following insurance requirements will be incorporated into the final agreements with Public Health Solutions:

Insurance Requirements

a. Subcontractor shall maintain workers' compensation insurance, employers' liability insurance, and disability benefits insurance, in accordance with law on behalf of, or in regard to, all employees providing services under this Agreement.

b. Subcontractor represents and warrants that it has, and covenants to maintain continuously during the term of this Agreement, the following types of insurance, as applicable:

    i. Commercial general liability insurance, covering operations under this Agreement, in amounts as follows: one million dollars ($1,000,000) per occurrence; one million dollars ($1,000,000) personal and advertising injury (unless waived in writing by the Department); two million dollars ($2,000,000) in the aggregate. Coverage must be at least as broad as the coverage provided by the most recently issued ISO Form CG 00 01, primary and non-contributory, and "occurrence" based rather than "claims-made". Such coverage shall list Public Health Solutions and the City of New York, including its officials and employees, as an additional insured with coverage at least as broad as the most recently issued ISO Form CG 20 10 or CG 20 26.

    ii. If vehicles are used in the provision of services under this Agreement, commercial automobile liability insurance for liability arising out of ownership, maintenance, or use of any owned, non-owned, or hired vehicles to be used in connection with this Agreement, in the amount of one million dollars ($1,000,000) per accident combined single limit. Coverage shall be at least as broad as the most recently issued ISO Form CA 00 01.

    iii. If Subcontractor is performing professional services under this Agreement, professional liability insurance or errors & omissions insurance of at least one million dollars ($1,000,000) per claim. Claims-made policies may be accepted for professional liability insurance. All such policies shall have an extended reporting period option or automatic coverage of not less than two years. If available as an option, Subcontractor shall purchase extended reporting period coverage effective on cancellation or termination of such insurance unless a new policy is secured with a retroactive date, including at least the last policy year.

c. All insurance required above must be provided by companies that may lawfully issue such policies; have an A.M. Best rating of at least A- / VII, a Standard & Poor's rating of at least A, a Moody's Investors Service rating of at least A3, a Fitch Ratings rating of at least A-, or a similar rating by any other nationally recognized statistical rating organization acceptable to Public Health Solutions unless prior written approval is obtained from Public Health Solutions; and be primary (and non-contributing) to any insurance or self-insurance maintained by Public Health Solutions or the City.

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