# T2 Community-Based Organization Engagement Grant Application

## Accessibility Statement:

This document includes the following accessibility features for people with disabilities:

### Low vision access:

Use of accessible sanserif fonts

All caps is not used

High color contrast

### Screen reader accessibility:

Headings: Each section is a heading level 2 and each question is a heading level 3

Tables are simplified into two columns . The column on the left is the question and the column on the right is the answer

Multiple choice questions can be answered by typing the letter X to the left of the answer you wish to choose

### If you have trouble filling out this application, you may contact TestandTraceCorps@nychhc.org

## Information about this Request for Proposals

In an effort to engage with many CBOs while prioritizing community-led organizations, H+H has issued this RFP to invite organizations interested in doing this work to submit a proposal outlining their interest, experience, and unique capabilities. H+H anticipates negotiating contracts with multiple organizations as a result of this outreach during the month of July and may negotiate further contracts with additional organizations over the course of the next four months (July – November) as COVID-19 response needs change and arise, particularly within various communities and populations.

PROPOSAL REVIEW AND SELECTION: All information provided in response to this RFP will be reviewed. Submissions will be reviewed following close of the submission period at 12pm on Monday, July 13, 2020. The following considerations/ criteria for CBO selection will be used in considering CBO selection:

Organizations with demonstrated experience providing outreach, engagement and service referrals in priority neighborhoods and/or to underserved/underrepresented populations.

Organization demonstrates capacity and/or experience in conducting community engagement, outreach, or message development and distribution with cultural humility and responsiveness.

Organization demonstrates capacity to build, maintain, and/or participate in local alliances, such as experience with coalition building and/or community organizing.

Organization demonstrates how they have adapted their work since March 2020 to respond to COVID-19.

Organizations with demonstrated ability and capacity to provide quantitative high-quality reporting.

Organizations with demonstrated staffing expertise and/or capacity, including leadership, structure, and unique qualifications to serve the organization’s priority population(s).

There are three parts to this applying for this RFP: 1) question and answer application form (this online survey form), 2) Scope of Work, which you can upload using this form, and 3) Line-Item Budget, which you can also upload using this form. If you would like to see all questions prior to completing the form, you can do so by downloading the application form in Microsoft Word, available here.

If you have trouble filling out this application form, you may contact TestandTraceCorps@nychhc.org.

**Submissions are due July 13th at 12pm.**

### Required fields are noted using \*

## Background Information:

In this section, you will provide contact and other information for your organization.

|  |  |
| --- | --- |
| Question: | Answer |
| Organization Name\* |  |
| EIN/TIN \* Please provide your organization's EIN or TIN. If your organization's EIN/TIN is an individual's social security number, please enter 000-00-0000 and email TestandTraceCorps@nychhc.org immediately for additional instructions |  |
| Is your organization recognized as tax-exempt under IRS 501(c)(3)? \* (Please type Yes or No) |  |
| Executive Director or Chief Operating Officer Name\* |  |
| Executive Director or Chief Operating Officer Email\* |  |
| Executive Director or Chief Operating Officer Phone\* |  |
| Program Director Name\*If this person is also the Executive Director/ Chief Operating Officer listed above, please repeat their information. |  |
| Program Director Email\* |  |
| Program Director Phone\* |  |
| Organization Central Office Street Address\* |  |
| Organization Central Office Borough\*(Please type Bronx or Brooklyn or Manhattan or Queens) |  |
| Organization Central Office Zip Code\* |  |

### How many paid, full-time staff do you have at your organization? \*

(Please type an X to the left of your answer below)

Less than 5

6 to 25 staff

26 to 75 staff

More than 75 staff

## Organizational Experience:

In this section, you will provide narrative background to your organization's experience with this grant's focus areas.

Please provide a description of long-standing demonstrated experience providing culturally tailored outreach, engagement, and service referrals in priority neighborhoods and/or to underserved/underrepresented populations.

### Outreach, Engagement, and Services \*

### Please provide a description of your organization’s experience providing outreach, engagement and service referrals in priority neighborhoods and/or to underserved/underrepresented populations.

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### Cultural Humility & Responsiveness \*

**Please provide a description of organizational capacity and/or experience in conducting community engagement, outreach, or message development and distribution with cultural humility and responsiveness.**Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### Advocacy & Organizing \*

**Please provide a description of your organization’s capacity to build, maintain, and/or participate in local alliances, such as experience with coalition building and/or community organizing.**

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### COVID-19 Activity \*

**Please provide a description of how your organization has adapted their work since March 2020 to respond to COVID-19.**

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### Reporting \*

### Please provide a description of your organization’s ability and capacity to provide quantitative high-quality reporting.

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### Staff Capacity \*

**Please provide a description of the organization's staffing expertise and/or capacity, including leadership, structure, and other unique qualifications to serve its priority population(s).**

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

## Population & Service Focus

In this section, you will provide information about the focus and populations served by your organization.

The City will select Community-Based Organizations that cover all neighborhoods and zip codes in Groups A and B.

In addition, organizations that cover neighborhoods and zip codes in Group C are encouraged to apply. The City may select groups within those neighborhoods but may not require full coverage of Group C neighborhoods.

### Please select all the neighborhoods/zip codes from Group A in which your organization has coverage. \* (Please type X to the left of each of the options you wish to select below)

My organization does not serve any of the zip codes or neighborhoods in group A

10456 - Claremont/Morrisania - Bronx

10457 - Belmont/Claremont/Mount Hope/Tremont - Bronx

10468 - Fordham/Kingsbridge/University Heights - Bronx

10472 - Soundview - Bronx

11208 - Cypress Hills/East New York - Brooklyn

11224 - Brighton Beach/Coney Island/Seagate - Brooklyn

11239 - East New York - Brooklyn

11691 - Edgemere/Far Rockaway – Queens

### Please select all the neighborhoods/zip codes from Group B in which your organization has coverage. \* (Please type X to the left of each of the options you wish to select below)

My organization does not serve any of the zip codes or neighborhoods in group B

10035 - East Harlem - Manhattan

10040 - Washington Heights (North) - Manhattan

10301 - Silver Lake/St. George - Staten Island

10304 - New Dorp/Todt Hill - Staten Island

10451 - Concourse/Melrose - Bronx

10452 - Concourse/Highbridge - Bronx

10453 - Morris Heights/Mount Hope/University Heights - Bronx

10455 - Mott Haven - Bronx

10459 - Charlotte Gardens/Hunts Point - Bronx

10460 - Charlotte Gardens/Tremont/Van Nest/West Farms - Bronx

10463 - Kingsbridge/Marble Hill/Riverdale/Spuyten Duyvil - Bronx

10473 - Castle Hill/Clason Point/Soundview - Bronx

10474 - Hunts Point - Bronx

11203 - East Flatbush (North)/East Flatbush (South) - Brooklyn

11207 - Cypress Hills/East New York - Brooklyn

11212 - Ocean Hill-Brownsville - Brooklyn

11236 - Canarsie - Brooklyn

11354 - Flushing/Murray Hill - Queens

11355 - Flushing/Murray Hill/Queensboro Hill - Queens

11366 - Fresh Meadows/Hillcrest - Queens

11368 - Corona/North Corona - Queens

11369 - Airport/East Elmhurst - Queens

11412 - St. Albans - Queens

11416 - Ozone Park - Queens

11419 - Richmond Hill/South Ozone Park - Queens

11420 - South Ozone Park - Queens

11423 - Hollis/Holliswood - Queens

11432 - Hillcrest/Jamaica Estates/Jamaica Hills - Queens

11433 - Jamaica - Queens

11434 - Airport/South Jamaica/Springfield Gardens/St. Albans - Queens

11435 - Briarwood/Jamaica - Queens

11436 - South Jamaica/South Ozone Park - Queens

11693 - Arverne/Broad Channel - Queens

11694 - Belle Harbor-Neponsit/Rockaway Park – Queens

### Please select all the neighborhoods/zip codes from Group C in which your organization has coverage. \* (Please type X to the left of each of the options you wish to select below)

My organization does not serve any of the zip codes or neighborhoods in group C

10002 - Chinatown/Lower East Side - Manhattan

10003 - East Village/Gramercy/Greenwich Village - Manhattan

10009 - Alphabet City/East Village/Stuyvesant Town-Cooper Village - Manhattan

10013 - Hudson Square/Little Italy/SoHo/TriBeCa - Manhattan

10025 - Manhattan Valley/Morningside Heights/Upper West Side - Manhattan

10026 - Central Harlem (South) - Manhattan

10027 - Central Harlem (South)/Morningside Heights/West Harlem - Manhattan

10029 - East Harlem - Manhattan

10030 - Central Harlem (North) - Manhattan

10031 - Hamilton Heights/West Harlem - Manhattan

10032 - Washington Heights (South) - Manhattan

10033 - Washington Heights (North)/Washington Heights (South) - Manhattan

10034 - Inwood/Washington Heights (North) - Manhattan

10037 - Central Harlem (North)/East Harlem - Manhattan

10039 - Central Harlem (North)/Washington Heights (South) - Manhattan

10302 - Elm Park - Staten Island

10303 - Graniteville/Mariner's Harbor/Port Ivory - Staten Island

10305 - Arrochar/Midland Beach/Shore Acres/South Beach Ocean Breeze - Staten Island

10307 - Tottenville - Staten Island

10310 - Port Richmond/Randall Manor/West Brighton - Staten Island

10314 - Bloomfield/Freshkills Park - Staten Island

10454 - Mott Haven/Port Morris - Bronx

10458 - Belmont/Fordham University/Kingsbridge - Bronx

10461 - Morris Park/Pelham Bay/Westchester Square - Bronx

10462 - Parkchester/Pelham Parkway/Van Nest/Westchester Square - Bronx

10465 - Country Club/Throgs Neck - Bronx

10466 - Edenwald/Wakefield - Bronx

10467 - Allerton/Norwood/Pelham Parkway/Williamsbridge - Bronx

10469 - Allerton/Baychester/Pelham Gardens/Williamsbridge - Bronx

10475 - Co-op City/Edenwald - Bronx

11101 - Astoria (South)/Long Island City/Sunnyside - Queens

11204 - Bensonhurst/Mapleton - Brooklyn

11205 - Bedford-Stuyvesant (West)/Clinton Hill/Fort Greene - Brooklyn

11206 - Williamsburg (South) - Brooklyn

11210 - Flatlands/Midwood - Brooklyn

11213 - Crown Heights (East) - Brooklyn

11216 - Bedford-Stuyvesant (West)/Crown Heights (West) - Brooklyn

11218 - Kensington/Windsor Terrace - Brooklyn

11219 - Borough Park - Brooklyn

11220 - Sunset Park - Brooklyn

11221 - Bedford-Stuyvesant (East)/Bushwick - Brooklyn

11232 - Sunset Park - Brooklyn

11233 - Bedford-Stuyvesant (East)/Ocean Hill-Brownsville - Brooklyn

11234 - Bergen Beach/Flatlands/Marine Park/Mill Basin - Brooklyn

11235 - Brighton Beach/Manhattan Beach/Sheepshead Bay - Brooklyn

11237 - Bushwick/East Williamsburg - Brooklyn

11238 - Clinton Hill/Prospect Heights - Brooklyn

11356 - College Point - Queens

11367 - Kew Gardens Hills/Pomonok - Queens

11370 - Jackson Heights/Rikers Island - Queens

11372 - Jackson Heights - Queens

11373 - Elmhurst - Queens

11377 - Woodside - Queens

11385 - Glendale/Ridgewood - Queens

11411 - Cambria Heights - Queens

11413 - Laurelton/Rosedale - Queens

11414 - Hamilton Beach/Howard Beach/Lindenwood - Queens

11415 - Kew Gardens - Queens

11417 - Ozone Park - Queens

11418 - Richmond Hill - Queens

11421 - Woodhaven - Queens

11422 - Rosedale - Queens

11426 - Bellerose - Queens

11427 - Bellerose/Hollis Hills/Holliswood - Queens

11428 - Queens Village - Queens

11429 - Queens Village – Queens

### Please indicate any additional neighborhoods that your organization provides coverage in that are not mentioned in the above Groups A, B, or C.

Additional Neighborhoods: (Please Type Answer here)\_

### Please indicate any additional zip codes that your organization provides coverage in that are not mentioned in the above Groups A, B, or C.

Additional Zip Codes: (Please Type Answer here)\_

### Please provide a brief description of your experience serving the community/communities and zip codes named above. \*

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type answer here)

The City is focused on engaging organizations with leadership and staff with fluency in languages prevalent in high-impact communities.

### Please indicate the language(s) besides English that staff and leadership at your organization have fluency in.\* (Please type X to the left of each of the options you wish to select below)

The staff and leadership at my organization do not have fluency in a language besides English.

Spanish

Chinese

Russian

Bengali

Punjabi

Arabic

French

Haitian Creole

Kru

Tagalog

African languages

Polish

Hindi

Yiddish

American Sign Language

Other language(s) not listed here

### Which language(s) do you primarily use to communicate with the public? \* (Please type X to the left of each of the options you wish to select below)

The staff and leadership at my organization do not communicate with the public in a language other than English.

Spanish

Chinese

Russian

Bengali

Punjabi

Arabic

French

Haitian Creole

Kru

Tagalog

African languages

Polish

Hindi

Yiddish

American Sign Language

Other language(s) not listed here

### If you selected "African Languages" or "Other Language(s) not listed here" above, please indicate additional language(s) here.

Additional Languages: (Please Type Your Answer here)\_

### Please provide a brief description of specific cultural and linguistic expertise your organization affords, based on your responses above. \*

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

### Please select all of the priority populations that your organization works with from the list. \* (Please type X to the left of each of the options you wish to select below)

My organization does not work with any priority populations

People with disabilities, including physical disabilities, including limited mobility, vision difficulty, and deafness or hearing difficulty, and cognitive or developmental disabilities

Black communities

Latino communities

Asian and Pacific Islander communities

LGBQI+ and TGNCNB communities

NYCHA communities

Immigrants, including legal residents and those who are undocumented

Individuals who are homeless or experiencing housing instability

Youth and Young Adults

People over the age of 65

Individuals with mental or behavioral health needs

Justice-involved individuals

Individuals who use drugs or substances

Individuals with informal job situations, including sex workers

My organization works with other priority population(s) not listed here

### Community-based Organizations are encouraged to identify other priority populations not listed here. Please provide additional populations here.

Additional Priority Populations: (Please Type Your Answer Here)\_

### Please provide a brief description of your organization's unique ability to serve the priority populations that you identified. \*

Please limit your response to 1500 characters; we will only evaluate the first 1500 characters of your submission.

(Please type your answer here)

## Grant Information

This grant will be awarded to organizations in three tiers.

TIER 1 ($750,000 4-month grant):

25 full-time dedicated staff persons required including

(A) at least (5) Community Ambassadors to promote the ways community members can connect to the Test & Trace effort, answer questions and demystify testing and tracing for community members and share public health guidance, with

(B) option to hire young adults (ages 14-24) to participate in digital outreach engagement, including support with development of tailored assets and an engagement strategy).

TIER 2 ($200,000 4-month grant):

8 full-time dedicated staff persons required including

(A) at least (2) T2 Community Ambassador to promote the ways community members can connect to the Test & Trace effort, answer questions and demystify testing and tracing for community members and share public health guidance, with

(B) option to hire young adults (ages 14-24) to participate in digital outreach engagement, including support with development of tailored assets and an engagement strategy).

TIER 3 ($50,000 4-month grant):

1.5 full time equivalent staff time dedicated to promote T2 and share public health guidance with option to hire young adults (ages 14-24) to participate in digital outreach engagement, including support with development of tailored assets and an engagement strategy).

### Please indicate the grant tier for which your organization is applying. \* (Please type X next to one the options below)

Tier 1 ($750,000 4-month grant)

Tier 2 ($200,000 4-month grant)

Tier 3 ($50,000 4-month grant)

### The City does not intend to require any work effort requiring hazard pay. Will your organization provide hazard pay to staff? (Please type an X to the left of your answer below)

Yes

No

## Application Documents

Organizations are required to submit a Statement of Work.

\*\*Statements of Work should be clearly labeled with "ORG\_NAME\_STATEMENT" and be submitted as a separate attachment to this application form.\*\*

### Provide a Statement of Work in two parts:

### (A) Organizational Narrative: See below.

### (B) Justification of the Statement of Work: Provide a narrative for why your organization is uniquely qualified to provide the services described in the Scope of Work above.

INFORMATION ABOUT THE ORGANIZATIONAL NARRATIVE

Please provide a narrative of how your organization can contribute to community education and awareness of T2 services and COVID-19 education efforts including social distancing and mask adherence promotion; including:

1. Proposed approach to educating community members

2. Relationships and community connections your organization uniquely brings to this work

3. Experience over the past 100 days responding to the crisis created by COVID-19

4. Why your organization wants to engage in this work

5. Experience with public health or health-related campaigns and education efforts (anti-violence, anti-stigma, and anti-racism interventions are considered public health-related campaigns)

6. Existing work, unrelated to this proposal, that could create synergies or opportunities to amplify the work required in this proposal

7. The type of reporting your organization can be relied on to provide and past experience with metrics driven and quantifiable deliverables in organizing and engagement campaigns

8. Specific locations and forums your organization would target and engage in to spread these messages

9. Whether you have staff available now to devote to this project or would plan to hire additional staff if you were awarded this funding

### Organizations are also required to provide a proposed budget for the Statement of Work. Please attach a line-item budget, including staffing and OTPS costs, associated with providing this service. This budget should not exceed the grant tier selected.\*

\*\*Proposed budgets should be clearly labeled with "ORG\_NAME\_BUDGET" and submitted as a separate attachment from this application form.\*\*

All documents should be submitted to TestAndTraceCorps@nychhc.org.

This is the end of the T2 Community-Based Organization Engagement grant application form.

Thank you!