

New York State Department of Health
Asthma Program, Division of Chronic Disease Prevention

RFA # 1012090253

A Systems Approach to Reducing the Burden of Asthma in New York State

Modifications to the RFA

1. Page 10, Section II.A.

The first sentence is corrected as follows:

Eligible applicants must be public or private not-for-profit organizations in NYS, including but not limited to: hospitals, primary care practices and networks, clinics, physician groups, health plans, local public health agencies, universities and colleges, schools and school districts, voluntary associations, foundations, scientific or professional associations and community based organizations with experience and expertise in the administration of coalitions or collaborative to address public health problems.

2. Page 24, Section V.A.5.

The fourth bulleted statement is corrected as follows:

The first year of the project is 4/1/2012-3/31/2013.

3. Attachment 12, Lines # 18-21 are corrected to the following:

Asthma Hospitalization Rate per 10,000 (Total)
Asthma Hospitalization Rate per 10,000 (0 to 17 years)
Asthma Emergency Room Rates per 10,000 (Total) *
Asthma Emergency Room Rates per 10,000 (0 to 17 years) *

4. Attachment 14, Applicant Checklist was added to the RFA. Go to:
<http://www.health.state.ny.us/funding/rfa/1012090253/index.htm> to access document.

Questions and Answers

1. On Page 9 it states that the estimated award is \$180,000 – will that be the most awarded? Is there any chance that it may be higher than \$180,000?

Answer: No, each awardee will receive the amount requested not to exceed \$180,000. See page 28 of the RFA. It is anticipated that this RFA will award up to eight regional asthma coalitions an annual award of up to \$180,000 each. The final number of awards and final award amounts will be contingent upon the total amount of funds available.

2. Will each coalition be awarded an equal amount regardless of population served?

Answer: See the answer to question #1 above.

3. Am I correct in my understanding that "This RFA will fund up to one RAC in each of the eight Asthma Coalition Regions", means that the area of service must be within one of the 8 Asthma Coalition Regions designated by color on page 8?

Answer: Yes, see page 8 and page 9 of the RFA. The NYSDOH has defined eight Asthma Coalition Regions for this RFA: Bronx, Queens, Kings, Manhattan, Long Island, Hudson Valley, Capital and Erie. The specific geographic areas included in each of these eight Asthma Coalition Regions are illustrated in color on the map on Page 8. Applicants need to identify and describe the specific target populations for their coalition activities within their geographic region.

4. How is the term "REGION" defined? Is it only the highlighted county, the counties surrounding the highlighted region, OR the NYSDOH's definition of region?

Answer: The NYSDOH's definition of a region is as defined in the RFA # 1012090253 released on June 13, 2011.

5. I would like to ask how the NYS DOH determined the geographic areas of interest for this round of funding. In particular, I would like to ask why the Greater Rochester, and Monroe County (City of Rochester) area was not considered a priority area?

Answer: See page 8 of the RFA. These regions have been defined around counties of high risk using the following information: asthma-related hospital discharge rates, asthma-related emergency department visits and population density.

6. In the Attachments are many forms (No Tobacco Status Form, Comprehensive Healthy Foods Policy, Vendor Responsibility Attestation), which forms must be submitted with the grant application? Or do these wait for the actual award and are asked for at that time?

Answer: See page 10 and page 20 of the RFA. Applicants MUST complete, sign and submit the Tobacco-Free Policies Attestation document (Attachment 4) with their application. Applicants MUST complete, sign and submit the Comprehensive Healthy Foods Policy Status and Intent document (Attachment 5) with their application. Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 10).

Additionally, see Attachment 14, Applicant Checklist, which was uploaded to <http://www.health.state.ny.us/funding/rfa/1012090253/index.htm> on June 30, 2011.

7. In order to decide if we should apply, I wanted to ask if the fact that we have a fiscal conduit means that we are ineligible based on something I read in the description of the grant.

Answer: See page 11 of the RFA. The applicant needs to be both the fiscal agency and the lead agency responsible for implementing the work of this initiative.

8. Has the focus changed, or is the target population still primarily children with asthma?

Answer: See page 9 of the RFA. The general target population for this RFA is people with asthma and families of people with asthma, especially those disproportionately affected by asthma, such as children and low income minority populations in geographic areas with high asthma-related hospitalization rates and emergency department visit rates.

Applicants need to identify and describe the specific target populations for their coalition within their geographic region.

9. In the previous RFAs it was clear that the target population was children – on page 9 it says that it's people with asthma and families of people with asthma, especially those disproportionately affected by asthma, such as children and low income minority populations. Please clarify.

Answer: See answer to question #8 above.

10. On the lines for hospitalization rates and Emergency room rates it says per 100,000 – is this a typo or are you looking for use to convert the SPARCS data from per 10,000?

Answer: Attachment 12, Lines # 18-21 are corrected to the following:

Asthma Hospitalization Rate per 10,000 (Total)
Asthma Hospitalization Rate per 10,000 (0 to 17 years)
Asthma Emergency Room Rates per 10,000 (Total) *
Asthma Emergency Room Rates per 10,000 (0 to 17 years) *

11. Will we be given a list of everyone who has submitted a Letter of Interest?

Answer: Please see Attachment A to this document for the list of Letters of Interest received.

12. Will we know who else from our region has submitted a Letter of Interest?

Answer: See the answer to question #11 above.

13. Will you be accepting Letters of Support or Letters/Proof of Partnership, or MOU's in support of our application, and is there a page limit on those?

Answer: See page 26 of the RFA. For each partner, include a letter of commitment that identifies the specific roles, strengths, and contributions of the partner. Include letters of commitment in an appendix. Letters of commitment are not counted in the page limit.

14. May I have clarification of the time frame for year 1 of the Contract Period?

Answer: See page 9 of the RFA. It is expected that the initial contract period will be for one year, April 1, 2012 through March 31, 2013, with the option of four, one-year renewals.

Page 24 of the RFA, Section V.A.5:

The fourth bulleted statement is corrected as follows: The first year of the project is 4/1/2012-3/31/2013.

15. Please clarify the correct "Contract Period".

Answer: See answer to question # 14 above.

16. Should the letters of support be addressed to Marianne Heigel?

Answer: See page 26 of the RFA. Staffing Structure and Partnerships. Letters of support/commitment should be addressed to the applicant describing their role as a partner in the coalition, their strengths, and their contribution to the coalition.

17. Regarding the list of Partners on Pg 11, for a successful application, is the participation of all listed required during Year One (for the two year-one projects)? If not, is there a minimum number of partners required to be involved in Year One?

Answer: The list of partners in Section B (Preferred eligibility requirements) on Page 11 refers to the type of partners, at a minimum, that could be included in your coalition.

See page 25 of the RFA, instructions for completing the Year One Work Plan. Identify the persons and organizations, categorized by grant-funded staff or other partners, who will participate in and be responsible for implementing the activities of the project. A minimum number of partners is not indicated.

18. Do subcontractors need to provide a letter of commitment?

Answer: See page 26 of the RFA. Staffing Structure and Partnerships. Subcontractors are considered partners and should provide a letter of commitment to the applicant that supports the proposed partnership and deliverables as described in the application.

19. Is a subcontractor allowed to be stated in our application as well as in the application of another agency applying?

Answer: Yes.

20. Is there information available on any role-model asthma coalitions in NYS that have been successful in the outcomes of reduced ED visits and reduced hospitalizations in pediatric asthmatics?

Answer: Contact information for the NYS Regional Asthma Coalitions can be found at:
<http://www.health.state.ny.us/diseases/asthma/contact.htm>

21. If my partners in one county (let's call it County A) are not ready to engage in an asthma improvement project beginning April 2012, is it acceptable and encouraged to develop more than one project in one of the other counties with a plan to spread to the County A the following year? Will that alternate plan put my proposal in jeopardy?

Answer: See page 13 of the RFA. The Year One Work Plan should include: A detailed plan for implementation of a minimum of two policy and/or system change collaborative projects that address the needs of the high risk population in that region. The collaborative projects will address a defined target population.

22. For Attachment 10 of the RFA: Do you want a Vendor Responsibility Attestation from only the Lead Agency or from all coalition partners?

Answer: See page 19 of the RFA. The applicant should complete and submit the Vendor Responsibility Attestation (Attachment 10).

ATTACHMENT A

RFA #1012090253

A Systems Approach to Reducing the Burden of Asthma in New York State

Letters of Interest Received

COALITION REGION	AGENCY/ORGANIZATION
Bronx	<ol style="list-style-type: none">1. Bronx-Lebanon Hospital Center, Department of Pediatrics2. Bronx-Lebanon Hospital Center, Department of Family Medicine and the Community Health Worker Program3. Children's Hospital at Montefiore (CHAM)4. Lincoln Medical and Mental Health Center5. Montefiore Medical Center6. St. Barnabas Hospital
Queens	<ol style="list-style-type: none">1. Jamaica Hospital Medical Center2. Jamaica Neighborhood Center3. American Lung Association of New York
Kings	<ol style="list-style-type: none">1. Woodhull North Brooklyn Health Network2. Lutheran Family Health Centers
Manhattan	<ol style="list-style-type: none">1. New York Presbyterian Hospitals2. Columbia University3. Union Settlement Association4. Latina Commission on AIDS5. Harlem Children's Zone Asthma Initiative
Long Island	<ol style="list-style-type: none">1. American Lung Association of New York
Hudson Valley	<ol style="list-style-type: none">1. American Lung Association of New York
Capital	<ol style="list-style-type: none">1. Whitney M. Young Jr. Health Services
Erie	<ol style="list-style-type: none">1. D'Youville College School of Pharmacy2. State University of New York at Buffalo3. Western New York Public Health Alliance, Inc.
Not identified by Letter of Interest	<ol style="list-style-type: none">1. NYC Department of Health and Mental Hygiene2. NYC Office of School Health - NYC Department of Health and Mental Hygiene/NYC Department of Education3. Organization Unknown – E. Ekanem