**Attachment 1**

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| --- |
| **FY 2023-25 Ryan White Part A/MAI Request For Proposals**  **Cover Page** |

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corporate Name** *(if different)***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part A Priority Area Applying for (separate applications must be submitted for each priority):**

|  |  |
| --- | --- |
| **❑** | **Early Intervention Services (Nassau, Suffolk, bi-county)** |
| **❑** | **Emergency Financial Assistance (Nassau, Suffolk, bi-county)** |
| **❑** | **Medical Case Management (Nassau, Suffolk, bi-county)** |
| **❑** | **Medical Nutrition Therapy (Nassau, Suffolk, bi-county)** |
| **❑** | **Medical Transportation (Nassau, Suffolk, bi-county)** |
| **❑** | **Mental Health (Nassau, Suffolk, bi-county)** |
| **❑** | **Oral Health Care (Nassau, Suffolk, bi-county)** |
| **❑** | **Other Professional Services – Legal (Nassau, Suffolk, bi-county)** |
| **❑** | **Outpatient Ambulatory Health Services (Nassau, Suffolk, bi-county)** |

**Indicate if this is a single or joint Proposal:**

**\_\_\_\_\_-Single Proposal \_\_\_\_\_\_- Joint Proposal** *(lead applicant is the applying agency)*

**Indicate if this is a Bi-County or Single County Proposal:**

**\_\_\_\_\_-Bi-County \_\_\_\_\_\_-Nassau County \_\_\_\_\_\_-Suffolk County**

Total Proposed Units of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Number of Unduplicated Clients \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected % of Clients from Nassau County \_\_\_\_\_\_\_\_\_\_\_%

Projected % of Clients from Suffolk County \_\_\_\_\_\_\_\_\_\_\_%

**12 Month Annualized Budget Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Budget Items** *(Must match attached budget forms)*

|  |  |
| --- | --- |
| Total Personnel Services |  |
| Total Fringe |  |
| Total Contractual |  |
| Total Equipment |  |
| Total Supplies |  |
| Total Space Costs & Related |  |
| Total Other |  |
| Total Indirect Costs**\*** |  |
| Total Restricted |  |
| **TOTAL REQUESTED FUNDS** | **$** |

**\***There is a 10% cap on Ryan White Part A funds used to support indirect costs (includes both direct and indirect costs).

**Attachment 2**

|  |
| --- |
| **FY 2023-25 Ryan White Part A/MAI Request For Proposals**  **Agency Information** |

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Authorized Representative of the Agency:**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact Person regarding this Proposal:**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Racial/Ethnic Composition of the Agency:**

Indicate for each whether the individuals who comprise the below bodies are **more than** **50%** racial/ethnic minority.

Governing Board \_\_\_\_ YES \_\_\_\_\_ NO

Executive Staff \_\_\_\_ YES \_\_\_\_\_NO

Management Staff \_\_\_\_ YES \_\_\_\_\_ NO

Line Staff \_\_\_\_ YES \_\_\_\_\_ NO

1. **Faith-Based Organization:**

A faith-based organization is one that is owned and operated by a religiously affiliated entity such as a Catholic hospital. Indicate whether your agency is a faith-based organization:

\_\_\_\_ YES \_\_\_\_\_ NO

**Attachment 3**

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| --- |
| **Ryan White Part A/MAI Request For Proposals FY23-25**  **Demographics**  **Clients from High Need Communities** |

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Complete the below table***

|  |  |  |
| --- | --- | --- |
| **Nassau County** | | |
|  | **Zip Code** | **Percentage of Clients from**  **Each Zip Code Area in Nassau** |
| **Projected number of unduplicated clients from Nassau County High Need Communities:**  #\_\_\_\_\_\_\_\_\_\_ | 11042- New Hyde Park | % |
| 11575- Roosevelt | % |
| 11550- Hempstead | % |
| 11553- Uniondale | % |
| 11520- Freeport | % |
| 11096- Inwood | % |
| 11590- Westbury | % |
| 11561- Long Beach | % |
| 11542- Glen Cove | % |
| 11003- Elmont | % |
| 11020- Great Neck | % |
| **Suffolk County** | | |
|  | **Zip Code** | **Percentage of Clients from**  **Each Zip Code Area in Suffolk** |
| **Projected number of unduplicated clients from Suffolk County High Need Communities:**  #\_\_\_\_\_\_\_\_\_\_\_ | 11798- Wyandanch | % |
| 11901- Riverhead | % |
| 11713- Bellport | % |
| 11701- Amityville | % |
| 11980- Yaphank | % |
| 11770- Fire Island | % |
| 11717- Brentwood | % |
| 11722- Central Islip | % |
| 11950- Mastic | % |
| 11706- Bay Shore | % |
| 11772- Patchogue | % |
| 11726- Copaigue | % |
| 11951- Mastic Beach | % |
| 11967- Shirley | % |
| 11968- Mastic | % |

**Attachment 4**

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| --- |
| **FY 2023-25 Ryan White Part A Request For Proposals**  **Table of Service Linkages/Memorandum of Agreements (MOA)** |

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Complete the below table (Include names and types of agencies that your organization has active linkage or agreements with.)***

|  |  |  |
| --- | --- | --- |
| **AGENCY** | **TYPE OF AGENCY** | **YEAR SIGNED** |
|  | **Emergency Room** |  |
|  | **Substance Use Treatment** |  |
|  | **Detoxification Program** |  |
|  | **Adult Detention Facility** |  |
|  | **Mental Health Program/Facility** |  |
|  | **HIV Disease Counseling**  **& Testing Site** |  |
|  | **Housing Provider** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Attachment 6**

LETTER OF COMMITMENT FROM EXECUTIVE DIRECTOR OR CHIEF EXECUTIVE OFFICER

(Letter should be placed on agency letterhead)

This letter certifies that I have reviewed and approved the enclosed proposal to United Way of Long Island (technical support agency for the Nassau-Suffolk EMA for Ryan White Part A and MAI funds) for consideration under the Ryan White Part A- Emergency Relief Funding for the provision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am committed to ensuring that the proposed HIV related services will be provided and that staff will be qualified appropriately trained and have sufficient agency resources to effectively implement the program.

Sincerely,

Executive Director or

Chief Executive Officer

**Attachment 6.a**

LETTER OF COMMITMENT FROM THE BOARD OF DIRECTORS

(Letter should be placed on agency letterhead)

This letter certifies that the Board of Directors of (*agency name*) has reviewed and approved the enclosed proposal to United Way of Long Island (technical support agency for the Nassau-Suffolk EMA for Ryan White Part A and MAI funds) for consideration under the Ryan White Part A- Emergency Relief Funding for the provision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We are committed to ensuring that the proposed HIV related services will be provided and that staff will be qualified appropriately trained and have sufficient agency resources to effectively implement the program.

Sincerely,

Chairperson or Designee of the Board of Directors