



Co-Location Application

Co-Location within the NYC Health Department Sites: Neighborhood Health Center in Tremont

Instructions: Organizations interested in co-located spaces within NYC Health Department Neighborhood Health Centers, (as outlined in the Request for Expression of Interest,) may email this completed Co-Location Application form and supporting documentation to ExpressionOfInterest@health.nyc.gov.

APPLICATION REQUIREMENTS

A complete application package must be submitted:

The application package should contain:

- Completed Co-Location Application
- Narrative that addresses the Application Questions indicated below, in the order listed.
Suggested page length: 5-7 pages.
- Curriculum Vitae or resumes of Key Staff
- Organizational Chart
- A copy of all required licenses possessed by the selected organization, which relate to the activities that will be carried out by the organization in the Health Center if its application is selected (e.g., current Article 28 Clinic License at its other facility) and copies of the professional licenses of all professionals who will be providing services in the portion of the Action Center, if the applicant is selected
- For all FQHCs or Look-Alikes, a copy of one of the following:
 - HRSA Notice of Grant Award
 - HRSA Look-Alike Designation Notice
 - Other documentation that indicates you have FQHC or Look-Alike status
- Certificate of Incorporation (for New York not-for-profit corporations) or a New York Certificate of Authority (for Foreign Not-for-Profit Corporations)
- Copies of all audited financial statements prepared for your organization for the past three years. If you do not have audited financial statements, please submit the three most recent financial statements for your organization.

Co-Location Application

This application is for the Tremont Health Clinic

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Tremont Health Clinic

The NYC Health Department invites interested organizations to visit Tremont to see the available space. Please email bronxactioncenter@health.nyc.gov **and** Expressionofinterest@health.nyc.gov to schedule a walk-through.

Contact Information

Primary Contact Information

Name & Title: _____

Phone #: _____ Email Address: _____

Secondary Contact Information

Name & Title: _____

Phone #: _____ Email Address: _____

Organization Information

Organization EIN: _____

Legal Name of Organization: _____

Organization's Address: _____

1. Is your organization a non-profit organization? ☐ Yes ☐ No

2. Is your organization a governmental entity? ☐ Yes ☐ No

3. Organization Type:

- ☐ Community-based organization (CBO)
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Article 28/Diagnostic and Treatment Center Provider (DTC)
- ☐ Article 31/Mental Health Clinic
- ☐ Article 32/Medically Supervised Outpatient Clinic

4. Services Currently Provided (*Check all that apply. Refer to Section 5.2 for Core Service Expectations*):

- ☐ Behavioral/Mental Health
- ☐ Community Health Worker Programs
- ☐ Dental Services
- ☐ Family support services
- ☐ Healthy Eating/Food Systems
- ☐ Legal Services (Family, Housing, Immigration)
- ☐ Primary Health Care Services
- ☐ Social Promotion / Violence prevention
- ☐ Specialty Healthcare Services
- ☐ Work Force Development
- ☐ Youth Services

5. Organization Mission Statement:

Application Questions

Please address all questions, in the order listed below, in the Narrative Attachment space (see Page 6).

Note: Answers to some questions may be the same or similar if applying to more than one site.

Experience (40 Points)
1. Describe and demonstrate your organization's experience serving communities of color and low-income neighborhoods. <i>(20 points)</i> a. Include number of years of experience providing services. b. List NYC communities and zip codes served. c. Indicate how your organization has successfully addressed the social determinants of health¹: economic stability; education; social and community supports; health and health care; and neighborhood and built environment.
2. Describe and demonstrate your organization's experience working collaboratively with other organizations (including NYC Agencies) to achieve shared goals. <i>(20 points)</i> a. List the names of the coalitions you are/have been involved in. Include the names of partner organizations in these coalitions. b. Indicate the number of years your organization has been part of community-based coalitions. c. Indicate the target populations for each coalition. d. Describe your organization's role in the coalition. Specify whether you led the coalition or were a participant. e. Include the goal of the coalition and the outcomes of the coalition's work. Describe how the work was evaluated and the impact of the work. f. Discuss the challenges your organization experienced engaging in collaborative work and how you overcame or dealt with the challenges. g. Indicate whether any of these coalitions were grant funded or awarded through a contract. If so, provide the name of the funding organization, terms, and award amount.
Organizational Capacity (40 Points)
3. Demonstrate your organizational capacity (programmatic and financial) to provide the proposed services in the communities you selected. <i>(20 points)</i> a. Attach staffing plan for the services you are proposing. b. Include resumes of key staff that would be involved. Demonstrate how the qualifications of your key staff contribute to your Action Center proposal. c. Please provide an organizational chart and show how the Action Center fits in. d. Please explain your organization's financial capacity to provide the proposed services and attach financial documents that you are required to submit with your application. <i>I. Include the estimated square footage of space or rooms that your organization is proposing to use</i> <i>II. Complete the form below: Calculate and include the estimated fees associated (for license fee and admin fee for hours of services, as applicable)</i>

Application Questions

¹ *Economic Stability includes poverty, employment, food security, and housing stability; Education includes high school graduation, enrollment in higher education, language and literacy, and early childhood education and development; Social and Community Supports includes social cohesion, civic participation, perceptions of discrimination and equity, and incarceration/institutionalization; Health and Health Care includes access to health care, access to primary care, and health literacy; Neighborhood and Built Environment includes access to healthy foods, quality of housing, crime and violence, and environmental conditions.*

Organizational Capacity Continued...

4. Demonstrate your organization's capacity for community outreach and education in the Action Center communities selected or in comparable communities. *(20 points)*
- a. Describe how your organization engages with the community. Be specific: include communications plan, outreach plan, social media usage, meetings, door-to-door outreach, etc. Include examples of materials that support your community outreach efforts.
 - b. Describe how your organization evaluates the effectiveness of your community outreach efforts.

Proposed Approach (20 Points)

5. Describe the specific services (e.g., social services, cooking classes, mental health counseling, lactation counseling) and/or programming you would provide if selected to co-locate in the Action Center. *(20 points)*
- a. List the services you propose to provide and how they build on neighborhood assets, bridge gaps in service, and/or reduce duplication of services while improving neighborhood-wide health outcomes.
 - b. Include a plan of how the services you are proposing will be implemented in the Action Center.
 - c. At a minimum, include proposed days/hours of operations, number of staff allocated, and the amount of space (minimum and maximum amount of space needed, in square feet) that you would need to provide proposed services.
 - d. Indicate proposed service delivery fee structure (e.g., no-cost, sliding, flat fee).
 - e. Describe and demonstrate the innovativeness of your approach, and how the proposed services would benefit from collaborating with community and co-located partners to address identified community issues and build community power.

Narrative Attachment

Please address all application questions in the fillable text boxes on pages 6-12 of this document (*suggested response length: 5-7 pages*).

The completed Co-Location Application and Narrative Attachment should be saved in PDF format and emailed with supporting documentation to ExpressionOfInterest@health.nyc.gov by submission deadline.

Note: Answers to some questions may be the same or similar if applying to more than one site.

Narrative Attachment Continued

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DOHMH ADMINISTRATIVE FEES

FEE ESTIMATE FORM

The following is a preliminary calculation based on the space proposed. Final costs will be determined upon final approval.

Please specify approximate square footage proposed and calculate

Tremont Health Center 1826 Arthur Avenue, Bronx, NY 10457 <i>All figures are in square feet</i>			
Floor	Proposed Space	Shared Space	Total Square Feet of Floor
2	17 rooms	• Open floor patient waiting area • Registration station • Small conference room • 3 Administrative offices	7,176
Totals			7,176

1. REQUESTED AMOUNT OF SQUARE FEET proposed for services _____ X \$31 = _____
Estimated Total paid to DOHMH per YR

INDICATE OPERATING HOURS ((i.e. 8am, - 4pm, Monday – Friday, etc)

- REMEMBER THAT HOURS BEYOND THE PUBLIC OPERATING HOURS (after 5pm M-F) WILL INCUR OVERTIME CHARGES.