



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

Request for Expression of Interest

Co-Location within the NYC Health Department

Neighborhood Health Centers

1. PURPOSE

The New York City Health Department (NYC Health Department) invites eligible organizations to express interest in an opportunity to license space at designated Neighborhood Health Centers (NHC) to help address health inequities and expand access to comprehensive health and social services in historically underserved communities. Through this co-location model, community-based organizations (CBOs), healthcare providers, and other service entities collaborate to address the social determinants of health, strengthen trusted community relationships, streamline referrals, and deliver culturally responsive, coordinated services that deepen the impact of community health work and promote equity.

2. BACKGROUND

2.1 The NYC Health Department

The NYC Health Department's mission is to protect and promote the health of all New Yorkers.

2.2 The Center for Health Equity and Community Wellness

Established in 2014, the Center for Health Equity and Community Wellness (CHECW) is dedicated to ensuring that all New Yorkers have equitable access to the resources and opportunities necessary to achieve optimal health. CHECW works to address inequities within community and healthcare systems by collaborating with community organizations, faith-based groups, and healthcare providers.

CHECW's efforts focus on tackling the social, environmental, and commercial determinants of health, addressing both systemic and immediate factors that influence the well-being of New Yorkers. Its mission is to eliminate health inequities rooted in historical and ongoing injustices, including racism, by amplifying the NYC Health Department's work and building on community strengths. Through a place-based approach, CHECW fosters social and structural change by leveraging existing community assets and resources.

2.3 New York City's Neighborhood Health Center Movement

The NHC initiative, launched in 2016, revitalized longstanding NYC Health Department facilities in neighborhoods such as the South Bronx, East Harlem, Central Harlem, and North Central Brooklyn. These centers have been transformed into dynamic hubs that integrate public health services, primary care, and social supports, addressing systemic health disparities and barriers to care.

Building on the legacy of the early 20th-century Neighborhood Health Center Movement, which focused on improving health outcomes in immigrant and low-income communities, the modern NHC initiative adopts an equity-driven approach using a social justice lens. By fostering partnerships with community-based organizations, healthcare providers, government agencies, and residents, the NHCs collaboratively address social determinants of health. This shared-space

model expands access to care, resources, and wellness opportunities, while tackling persistent inequities shaped by racism, disinvestment, and structural challenges.

2.4 Neighborhood Health Center Goals

NHC goals include:

- Measurably improve population health, especially in communities of color and low-income neighborhoods
- Addressing root causes of health injustice, including the physical environment, structural racism, housing, and employment
- Closing service gaps and reduce redundant efforts by bringing community groups together

2.5. Additional Information

For more information on NHCs, please visit:

<https://www.nyc.gov/site/doh/health/neighborhood-health/neighborhood-health-action-centers.page>

3. OBJECTIVES

The objectives of this RFEI for Co-Location within the NYC Health Department’s NHCs are:

- Enhancing access to health and social services in underserved neighborhoods.
- Fostering collaboration among co-located organizations to address community health needs.
- Promoting equity by addressing systemic barriers to health and well-being.
- Optimizing the use of Health Department facilities to support community-driven health initiatives.

4. AVAILABLE FACILITIES

4.1 Locations

The tables below outline current space availabilities within the NHCs:

Locations

1. Bushwick Health Center - 335 Central Avenue, Brooklyn, NY 11221

Floor	Proposed Space	Square Footage
3	Dental Clinic	1,132
Total Square Feet		1,132

2. East Harlem Health Center - 158 East 115th Street, New York, NY 10029

Floor	Proposed Space	Square Footage
Basement	Administrative Office: 1 Workstation Capacity Equipped with a Small Storage Closet (B21)	135
1	Administrative Office: 2-3 Workstation Capacity (119A & 119D)	196,132
2	Administrative Office: 2-3 Workstation Capacity (218) Administrative Office: 2-3 Workstation Capacity (219) Administrative Office: 1 Workstation Capacity (223)	267, 149, 143
3	Shared Administrative Office: 1 Workstation Capacity (311 F-J)	80, 85, 154, 43, 64
Total Square Feet		1,132

3. Tremont Health Center - 1826 Arthur Avenue, Bronx, NY 10457

Floor	Proposed Space	Shared Space	Square Footage
2	Clinic Area (17 rooms)	<ul style="list-style-type: none"> • Open floor patient waiting area • Registration station • Small conference room 3 Administrative offices	7,176
Total Square Feet			7,176

The square footage above is provided for guidance only and does not guarantee availability. Additional space may become available over time.

4.2 Facility Features

The NHCs include space designated for meetings and physical activity. The East Harlem and Tremont NHCs also have Family Wellness Suites (FWS). Family Wellness Suites provide dedicated spaces designed to improve maternal and child health outcomes by offering access to supportive programming and resources aimed at reducing stress and promoting wellness. These spaces create opportunities for women and birthing people to breastfeed, rest, exercise, and connect with other parents. Use of shared common areas by selected licensees must be coordinated with and approved by the NYC Health Department.

All NHC buildings have ADA-compliant ramps, entrances, and elevators. The NYC Health Department is planning to add or convert bathrooms in the three available NHC locations to further align with ADA guidelines.

5. ELIGIBILITY

5.1. Eligible Applicants

Both non-profit and for-profit organizations are eligible to apply for this co-location opportunity. Applicants must one of the following:

1. Community-Based Organizations (CBOs)
2. Federally Qualified Health Centers (FQHCs)
3. Article 28/Diagnostic and Treatment Center Providers (DTCs)
4. Article 31/Mental Health Clinics
5. Article 32/Medically Supervised Outpatient Clinics

5.2 Services Sought and Core Expectations

Services provided at NHC locations must contribute to the goal of the NYC Health Department providing community-based health programming, primary health care services, or social and human services. NHC facilities are currently interested in collaborative partnerships offering the following 11 services:

1. Behavioral/Mental Health
2. Community Health Worker Programs
3. Dental Services
4. Family support services
5. Healthy Eating/Food Systems
6. Legal Services (Family, Housing, Immigration)
7. Primary Health Care Services
8. Social Promotion / Violence prevention
9. Specialty Healthcare Services
10. Work Force Development
11. Youth Services

Core service expectations and center-level areas of interest are detailed in Appendix A.

6. BENEFITS AND RESPONSIBILITIES

The NYC Health Department will select a complementary group of applicants, to be allocated space within the NHCs for collaborative community health improvement discussions and neighborhood-based work. Selected organizations must be responsible entities and will be required, as part of their contractual obligations under the License Agreement, to actively participate in the NHC's neighborhood health response efforts and its governance body. Additionally, these organizations are obligated to support *HealthyNYC: New York City's Campaign for Healthier, Longer Lives*, in alignment with their core community mission. Through the HealthyNYC Initiative, organizations must contribute to data-driven health initiatives aimed at improving community health outcomes and participate in public health campaigns that align with the priorities of the NYC Health Department.

The Health Center Governance body is a collective decision-making body made up of the applicants selected to be NHC occupants. The License Agreement for occupancy will contain requirements with respect to participation in the Health Center Governance body and

participation in activities centered on the positive enhancement of health equity through cooperative planning and innovations in the surrounding neighborhood.

6.1 Fees

The selected organizations will be required to pay an annual base license agreement fee to cover certain building operating costs. The license agreement fee contributes to the basic cost of building services, including the costs of basic security, custodians, and general maintenance. The base license agreement fee is \$31 per square foot and will remain set for the initial 12 months of the license agreement. Annual increases (if any) will be reassessed and calculated by NYC Health Department for each occupant with reference to its operating cost increases. Separate charges will apply for additional support services not covered by the basic operating fee. See section 6.3.b. below.

6.2 Additional Requirements

Selected organizations are required to carry their own insurance, licenses, and certifications. Selected organizations must also agree to indemnify the City against all claims concerning their use of the space and to abide by the terms of an agreement with the NYC Health Department. All spaces shall be delivered vacant and in “as is” condition. Selected organizations will be responsible for all capital improvements necessary to deliver the services they offer.

Selected organizations will be asked to submit a brief annual report to NYC Health Department with basic information on services provided and numbers of clients or patients served.

6.3 Physical Space

a. “As Is” Condition

All spaces shall be delivered vacant and in “*as is*” condition. Selected organizations will be responsible for all improvements necessary to deliver the services they offer in accordance with all licensing and legal requirements applicable to such service delivery. For example, Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes will be required to ensure compliance with all applicable laws and regulations.

b. Operating Hours and After Hours Fees

The standard operating hours for all facilities are Monday through Friday, 8:00 AM to 5:00 PM. However, all facilities offer extended hours in some capacity:

- **Bushwick:** Public access ends at 5:00 PM, with limited extended operations as required.
- **East Harlem:** Public program hours extend until 7:00 PM, with custodial staff working overtime as needed.
- **Tremont:** Public access ends at 5:00 PM, but custodial staff remain on-site until 7:00 PM.

Partners requesting facility use beyond public operating hours will be required to cover the associated overtime costs for both the assigned officer and custodial staff. While specific rates vary based on staff titles and salaries, as of the release of this RFEI, the average rate is \$40/hour per staff.

Requests for extended hours must be submitted to the NYC Health Department at least two weeks in advance. All requests will be reviewed and approved based on staff availability. While we strive to accommodate all requests, overtime for extended use is not mandatory and will be fulfilled only if staffing capacity allows.

c. Building Maintenance and Repairs

The NYC Health Department operates and manages all the buildings in which NHCs are located and will provide general building maintenance and cleaning, including improvements, repairs and maintenance of the electrical, plumbing, and heating systems.

d. Alterations and Coverage

Selected organizations (and hired contractors) must have prior written approval from the NYC Health Department before making improvements or renovating NHC space assigned to the organization individually, including, without limitation, alterations to meet Article 28 and other regulatory and licensing requirements. Prior to the start of work, the selected organizations must first submit project plans and guarantee that any renovations to the space assigned to the selected organizations in the Health Center shall comply with engineering and construction industry standards. Submittals shall be reviewed and approved by the NYC Health Department Office of Facilities Planning and Space Management prior to commencement of any actual construction work.

Submissions should address such issues as, but not necessarily limited to, the following:

- Project justification and description
- Statement of design intent and construction scope of work
- Submission of design development plans and specifications with clarification of construction materials and methods, including material specifications and data sheets (MSDS)
- Compliance with all applicable codes and regulatory agency approvals or permits
- Submission of signed and sealed architectural and/or engineering drawings and construction permits, as necessary
- Proposed construction timeline and schedule
- Site safety procedures

All NHC occupants' renovation proposals for allocated licensed spaces within the Health Center must be approved by the NYC Health Department before work commences.

Approved contractors/subcontractors must contain appropriate indemnifications of the City, as owner, and the contracting Health Center organization against claims that might arise in the performance of such renovations. Prior to commencing renovation work, the following required documentation must be submitted and approved by NYC Health Department:

- Commercial General Liability (CGL) Insurance
- Workers' Compensation (W/C)
- Disability Benefits Insurance
- Employers' Liability Insurance

- Builders Risk
- Completed Operations Coverage
- Commercial Automobile Liability
- Excludes entities without automobiles

The required coverage amounts for W/C, Disability Benefits and Employers’ Liability Insurance **will be in amounts required under applicable law**. Coverage for CGL, Builders Risk, Completed Operations, and Commercial Automobile Liability **will be required in amounts appropriate to the scope of work for the renovation project** and will be required to name not only the Health_Center occupant, but also the City of New York as an additional named insured.

7. PRESENTATIONS, WALK-THROUGHS, AND QUESTIONS

The NYC Health Department is allowing time for organizations to attend an NHC presentation and view potential space before completing a co-location application. Organizations can complete this [form \(https://forms.office.com/g/j52b6BiKQ0\)](https://forms.office.com/g/j52b6BiKQ0) to indicate interest attending these events. An email notification will be sent to the email address provided, advising of upcoming NHC walk-through and presentation events.

7.1 Event and Due Dates

Event	Dates per Location		
	Bushwick	East Harlem	Tremont
Presentations: Virtual Co-Location Info Sessions	3/12/2026		
Walk-Throughs Conducted	3/19/2026	3/18/2026	3/20/2026
Questions Due Date	3/26/2026		
RFEI Co-Location Application Package Due	4/23/2026		

7.2 Questions Due Date

Questions concerning this RFEI must be submitted in writing to Expressionofinterest@health.nyc.gov. The NYC Health Department will issue an addendum to the RFEI that contains answers to all questions received. The Questions Due Date is 3/26/26. The NYC Health Department cannot guarantee that answers will be provided to questions received after the Questions Due Date.

8. APPLICATION PROCESS

8.1 Submission Requirements

Eligible organizations interested in co-location at available NHC sites should submit a completed Co-Location Application (CLA; form attached) along with:

- Narrative:** Address the application questions in the order listed (suggested length: 5-7 pages).

- i. If applicable - Include information requested in Section 6.3.d(*Alterations and Coverage*)
- b. **Curriculum Vitae/Resumes:** Include CVs or resumes of key staff.
- c. **Organizational Chart:** Provide a clear organizational chart.
- d. **Licenses:**
 - i. Copy of all required licenses related to the activities in the Health Center (e.g., current Article 28 Clinic License).
 - ii. Copies of professional licenses for all service providers in the Action Center.
- e. **FQHC/Look-Alike Documentation** (if applicable):
 - i. HRSA Notice of Grant Award, or
 - ii. HRSA Look-Alike Designation Notice, or
 - iii. Other documentation indicating FQHC or Look-Alike status.
- f. **Certificate of Incorporation/Authority:**
 - i. For New York not-for-profit corporations: Certificate of Incorporation.
 - ii. For Foreign not-for-profit corporations: New York Certificate of Authority.
- g. **Financial Statements:**
 - i. Copies of audited financial statements for the past three years.
 - ii. If audited statements are unavailable, submit the three most recent financial statements.

8.2 Submission Deadline

The CLA form and supporting documentation should be submitted by **4/23/2026 at 2:00pm.**

Submissions received after the deadline will be considered “late” and may not be considered by the NYC Health Department.

8.3 Submission Method

Completed CLA forms and supporting documentation should be **emailed** to ExpressionOfInterest@health.nyc.gov with the subject line in the following format: *“Organization Name - Name of NHC Site: XXXX”*.

A separate email should be submitted for each site the organization is applying to.

9. EVALUATION

Completed CLAs will be evaluated based on the following criteria:

- a. Experience serving communities of color (20 points)
- b. Experience in collaborative work (20 points)
- c. Organizational capacity to provide services (20 points)
- d. Organizational capacity for outreach & education (20 points)
- e. Proposed approach to services and programming (20 points)

The NYC Health Department reserves the right to: request additional information and/or presentations by applicants, as deemed applicable and appropriate; negotiate with viable applicants for sites other than the site(s) they propose; skip over one or more applicants to ensure selected organizations provide as many of the services indicated above as space in each Health Center permits; and award no license agreements in its sole discretion

10. APPLICANT DETERMINATION

An award will be made to the responsible applicants whose applications are determined to be the most advantageous to the City, taking into consideration the type and quality of services proposed by the organization submitting the application and other factors or criteria which are set forth in the RFEI.

Award shall be subject to the timely completion of negotiations between the Agency and the selected applicants and a determination of both applicant responsibility and administrative capability.

11. CONDITIONS, TERMS and LIMITATIONS

This document is not intended as a formal offering for the award of a license to occupy space at any Health Center, or for the participation in any future solicitation. The NYC Health Department reserves its right, at its sole discretion to withdraw the RFEI in whole or in part; to use the ideas or applications submitted in any manner deemed to be in the best interests of the City, including, but not limited to, the undertaking of services to the communities to be served in a manner other than that which is set forth in the RFEI, as supplemented by this document. The City likewise reserves the right, at any time, to change any components, concepts or approaches of the RFEI. All costs associated with responding to the RFEI and to the submission of the application in connection with the RFEI are the sole responsibility of the individual respondents and any such costs shall not be reimbursed. Furthermore, if an organization is selected, the final occupancy shall be subject to the timely execution of a license agreement and a determination of both vendor responsibility and financial capacity. The City also reserves the right to review and approve all future service fee structure changes, should the awarded organization(s) charge for services.

APPENDIX A**Table 1. Service Expectations and Center-Level Interest**

Service	Core Service Expectations	Bushwick	East Harlem	Tremont
1. Behavioral/Mental Health Care	Provide access to counseling, therapy, and crisis intervention; ensure integration with primary care for holistic treatment.	S		P
2. Community Health Worker Programs	Employ trained community health workers for outreach, education, and support; connect underserved populations to health and social services.	S	P	S
3. Dental Services	Offer preventive care (e.g., cleanings, fluoride treatments) and basic restorative services (e.g., fillings, extractions).	P	--	--
4. Family Support Services	Deliver parenting education, childcare resources, and family counseling; address social determinants of health impacting families.	S	S	S
5. Healthy Eating/Food Systems	Promote nutrition education and access to healthy foods; partner with local food systems (e.g., farmers' markets, food pantries).		S	S
6. Legal Services (Family, Housing, Immigration)	Facilitate access to legal aid for family disputes, housing issues, and immigration needs; partner with legal organizations to provide free or low-cost services.	S	P	S
7. Primary Health Care Services	Ensure access to comprehensive, patient-centered care (e.g., preventive, acute, and chronic care); maintain continuity of care through a medical home model.	--		P
8. Social Promotion/Violence Prevention	Implement programs addressing bullying, domestic violence, and community safety; provide education and resources to promote social well-being.	S		
9. Specialty Health Care Services	Offer access to specialists (e.g., cardiology, dermatology) through referrals or on-site services; ensure coordination with primary care providers.			P
10. Workforce Development	Provide community members with comprehensive job training, career development and certificate programs, credentialing services, adult education, and/or intensive educational bootcamps for high-demand fields (e.g., IT, healthcare).	S	P	S
11. Youth Services	Offer programs promoting physical, mental, and social well-being for youth; include mentorship, after-school activities, and health education.		P	

Key:

P = Preferred service.

S = Secondary service of interest.

-- = Service cannot be accommodated.

Blank = Not currently of interest, but applications aligning with the agency's mission are welcome