



**Request for Expressions of Interest for Co-Location of DOHMH Clinic Sites
Neighborhood Health Hub Initiative
Addendum #3
March 13, 2015**

This addendum contains four changes to the RFEI.

- 1) The Expression of Interest Form has been revised. If you have not already submitted an Expression of Interest, please use the attached **Revised Expression of Interest Form** to Express Interest for the Co-Location of DOHMH Clinic Sites - Neighborhood Health Hub Initiative.
- 2) Expressions of Interest are also be sought from Article 31/ Mental Health Clinics and Article 32 / Medically Supervised Outpatient Clinics.

The New York City Department of Health and Mental Hygiene (DOHMH) is soliciting Expressions of Interest from Community-Based Organizations (CBOs), Article 28/Diagnostic and Treatment Center providers (DTCs), Article 31/Mental Health Clinics, Article 32/Medically Supervised Outpatient Clinics and Federally Qualified Health Centers (FQHCs) that are interested in providing community based health programming, primary health care services, or dental care services in DOHMH’s former clinic sites.

- 3) The deadline for Expressions of Interest has been changed from April 1, 2015 to May 1, 2015. Organizations can express their interest on or before 2:00 PM on **May 1, 2015.**
- 4) Please note the locations, dates and times of the upcoming Healthy Neighborhood Hub: Request for Expression of Interest (RFEI) pre-application meetings.

Date & Time	Location
Brooklyn Tuesday, March 24, 2015 6:00 PM to 8:00 PM	Bedford Stuyvesant Restoration Plaza 1368 Fulton Street Brooklyn, N.Y. 11216 Rm: 1 st Floor Multipurpose Room
Manhattan Wednesday, March 25, 2015 6:00 PM to 8:00 PM	East Harlem DPHO 161-169 East 110 th Street New York, NY 10029 1 st Floor Conference Room
Bronx Thursday, March 26, 2015 6:00 PM to 8:00 PM	Bronx Borough President’s Office 851 Grand Concourse Bronx, N.Y. 10451 Rm: Veteran’s Memorial Hall

**NYC Department of Health and Mental Hygiene
REVISED Expression of Interest Form
Co-Location Space**

Organizations should express their interest by submitting the REVISED Expression of Interest Form on or before 2:00 pm on May 1, 2015 to expressionofinterest@health.nyc.gov.

Legal Name of Organization: _____

Organization's Address: _____

Contact Person's Name & Title: _____

Contact Person's Phone #: _____ Email Address: _____

Organization's EIN: _____

Number of Years Organization has been Providing Services: _____

Number of Clients Served Monthly: _____

Type of Organization: (*Check all that Apply*)

- 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

Services Currently Provided (*Check all that Apply*):

- | | |
|---|---|
| <input type="checkbox"/> Primary Health Care Services | <input type="checkbox"/> Active Living/Built Environment Programs |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Home Visiting for Maternal Health |
| <input type="checkbox"/> Community Health Worker Programs | <input type="checkbox"/> Behavioral/Mental Health |
| <input type="checkbox"/> Family support services | <input type="checkbox"/> Health Insurance Navigation/Enrollment |
| <input type="checkbox"/> Social Promotion / Violence prevention | <input type="checkbox"/> Youth Health Services |
| <input type="checkbox"/> Healthy Eating/Food Systems | |

Interest in Co-Location at DOHMH site(s):

- | | |
|---|---|
| <input type="checkbox"/> East Harlem Health Clinic | <input type="checkbox"/> Bushwick Health Clinic |
| <input type="checkbox"/> Central Harlem Health Clinic | <input type="checkbox"/> Williamsburg Health Clinic |
| <input type="checkbox"/> Morrisania Health Clinic | <input type="checkbox"/> Bedford Health Clinic |
| <input type="checkbox"/> Tremont Health Clinic | <input type="checkbox"/> Brownsville Health Clinic |

List New York City Communities that the Applicant Currently Serves: _____
