


COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

**Title: MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE PREVENTION,
TREATMENT AND RECOVERY SUPPORT PROVIDERS**

RFP Number: 2026-068

COMPANY: Healthy Capital District
ADDRESS: 175 Central Ave, 5th Floor
CITY, STATE, ZIP: Albany, NY 12206
TEL. NO.: 518-462-7040
FAX NO.: 518-462-7021
FEDERAL TAX ID NO.: 10-0000023
REPRESENTATIVE: Amanda Duff, PhD
E-MAIL: aduff@healthycapitaldistrict.org
SIGNATURE AND TITLE  Executive Director
DATE 4/23/2026

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

Executive Director

Title

Healthy Capital District

Company Name

4/23/2026

Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

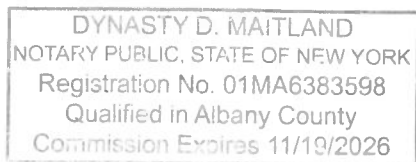
On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Albany) SS.:

On this 30th day of April, 2026, before me personally appeared Amanda Duff to me known, who, being by me sworn, did say that he resides at (give address) 9 Crestmont Dr. Clifton Park NY 12045; that he is the (give title) Executive Director of the (name of corporation) Hearthy Capital District Initiative Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.



Dynasty Maitland
Notary Public, State of New York
Qualified in Albany County
Commission Expires 11/19/2026

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

**ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME <i>Healthy Capital District Initiative, Inc.</i>		3. IDENTIFICATION NUMBERS a) FEIN # <i>10-0000023</i> b) DUNS # <i>112650747</i>	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD: <i>Healthy Capital District</i>		5. WEBSITE ADDRESS (if applicable) <i>healthycapitaldistrict.org</i>	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>175 Central Ave 5th Floor Albany NY 12206</i>		7. TELEPHONE NUMBER <i>518-462-7070</i>	
		8. FAX NUMBER <i>518-462-7021</i>	
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	
		11. FAX NUMBER	
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name <i>Amanda Duff</i> Title <i>Executive Director</i> Telephone Number <i>518-486-8407</i> Fax Number <i>518-462-7021</i> e-mail <i>aduff@healthycapitaldistrict.org</i>			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, OR D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>16. WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p> <p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p> <p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p> <p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>17. IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES ¹ HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>18. DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>19. HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES ¹ WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OR THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>20. IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ :

Yes No

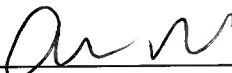
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

Executive Director

Title

Healthy Capital District

Company Name

4/23/2026

Date

Mini-Grants for Albany County Substance Use Prevention, Treatment and Recovery Supports Providers

RFP #2026-068

Albany County

Healthy Capital District

175 Central Ave Ste 5 Albany, NY 12206

518-486-8407

Amanda Duff, PhD Executive Director



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6.1 attached

Proposal Section II: Qualification/Experience

Healthy Capital District (HCD) has served New York's Capital Region for more than 25 years, working to improve equitable access to health coverage and care, provide health planning expertise, and advance prevention initiatives. HCD serves more than 15,000 residents annually through services including health insurance enrollment, benefits navigation, social determinants of health (SDOH) screening and referral, free school based oral healthcare for children, and workforce development training. This commitment to equity also guides HCD's approach to addressing the opioid epidemic through accessible, community-based services. Building on its experience in substance use disorder, mental health, and community health workforce initiatives, HCD launched the Certified Peer Development Program (CPDP) in October 2023, managing funding from more than 15 sources to support this work. In 2024, Albany County ARPA and Opioid Settlement funding supported expansion of the peer workforce, with 57% and 42% of participants identifying as BIPOC, respectively. Since 2023, CPDP has trained 274 Certified Recovery Peer Advocates (CRPA), with 74% currently employed, volunteering, or pursuing further education, demonstrating strong workforce outcomes and community impact.

2.2 Resumes

Dr. Amanda Duff is the Executive Director of Healthy Capital District and brings extensive experience in research, data analysis, and report development. She helped launch the CPDP in October 2023, which has since trained nearly 300 CRPAs. Dr. Duff has led qualitative data collection efforts, including facilitating focus groups for Albany County's Closing the Gap with SDOH Accelerator Plan, and regularly convenes regional workgroups and coalitions, including the Regional Prevention Agenda Workgroup. She has authored and led the development of multiple data driven reports, including the Community Health Conversations Report and Saratoga County's Community Health Improvement Plan.

Spencer Keable is a data analyst that specializes in survey data collection and analysis, community needs assessment, data visualization, and public presentation of data and analysis findings to diverse audiences. Spencer has created or contributed to several public health data-related publications, including scientific journal articles, survey reports, community health needs assessments, data dashboards and map visualizations, and data presentations. He has presented his work to public and academic audiences, including at national conferences and prepared data slides that were presented to the New York State Opioid Settlement Fund Advisory Board.

Proposal Section III: References

Letters of Support available upon request.

Proposal Section IV: Plan Implementation

4.1 Problem

There is growing recognition among researchers and service providers that CRPAs play a critical role in supporting recovery. At the same time, individuals with lived experience must balance supporting others while maintaining their own recovery. Economic stability, a core SDOH, is central to this challenge, as employment directly impacts income, housing, food security, and overall health outcomes. Individuals in recovery who enter the peer workforce often face barriers to employment, including limited access to training, advancement opportunities, and professional support. Furthermore, CRPAs directly influence SDOHs for the individuals they serve, particularly by improving access to healthcare and recovery supports. When CRPAs are well-trained and supported, they strengthen access to care and contribute to healthier, more stable communities. Despite their importance, there remains limited research on how best to support and retain CRPAs. Existing studies highlight the need for greater understanding of effective training models, supervision structures, and integration into systems of. Gaps remain in

understanding the specific needs of working CRPAs and factors that influence long-term success. Addressing these gaps is essential to improving economic stability for peers, strengthening workforce retention, and expanding access to services and recovery outcomes across communities.

4.2 Approach

To sustain a healthy, motivated peer workforce, HCD will conduct a research study using mixed methods to better understand peer workforce conditions. Research questions and discussions will be guided by 4 key focus areas: role design and clarity; workload and sustainability; training and career advancement; and support structures and supervision. HCD will complete all necessary requirements to submit to an Institutional Review Board to ensure participant protections and compliance with all regulations. Following approval, HCD will distribute a survey to peers across NYS, with a particular focus on those working in Albany County. Survey participants will be entered into a raffle to receive one of several \$250 gift cards. After analyzing the quantitative data, HCD will conduct two focus groups, each with 5 to 8 participants, to further explore key findings. At least one focus group will be held in person and one virtually, with additional groups conducted as needed based on participation, with all participants receiving a \$50 gift card.

This project aligns with the NYS Opioid Settlement Board's research priorities and addresses key SDOH, particularly economic stability for peers and healthcare access for the individuals they serve. Findings will support employers in addressing service disparities and expanding access to integrated behavioral health services by strengthening recruitment, support, and retention of a well-trained peer workforce. Existing research highlights the need for this work. Bell et al. (2025) identifies gaps in understanding peer work settings, while Scannell (2021) calls for greater clarity around peer roles, scope, and support. Chapman et al. (2018) emphasize the need for more targeted research on peer

workforce challenges, and Eddie et al. (2019) underscore the importance of clearly defined training and role expectations. This project will be led by Dr. Amanda Duff and Spencer Keable, the same team that authored the Capital Region Community Health Needs Assessment. Resources for this project include staff time, participant incentives, software, marketing, and report production. HCD will also contribute in-kind staff time beyond the requested funding, recognizing that the scope of work may exceed initial projections. HCD will pursue publication and broader dissemination of findings beyond the 12-month grant period, as appropriate.

4.3 Performance Measures

1. HCD will engage at least 75 CRPAs through surveys and focus groups, with a targeted emphasis on peers who live or work in Albany County.
2. Following Institutional Review Board approval, HCD will collect and analyze quantitative and qualitative data across four focus areas: role design and clarity, workload and sustainability, training and career advancement, and support structures and supervision, including Albany County-specific analysis where feasible.
3. HCD will produce a report with findings and actionable recommendations and disseminate it to peer employers and partners across New York State, with targeted outreach to Albany County stakeholders.

Proposal Section V: Cost Proposal

Please see attached Budget Cost Proposal.

Proposal Section VI: Mandatory Documents

Please see attached documents.

References

- Bell JS, Watson DP, Griffin T, Castedo de Martell S, Kay ES, Hawk M, Ray B, Hudson M. Workforce outcomes among substance use peer supports: a scoping review of individual and organizational influences. *Front Public Health*. 2025 Mar 11;12:1515264. doi: 10.3389/fpubh.2024.1515264. PMID: 40135195; PMCID: PMC11935349.
- Chapman SA, Blash LK, Mayer K, Spetz J. Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders. *Am J Prev Med*. 2018 Jun;54(6 Suppl 3):S267-S274. doi: 10.1016/j.amepre.2018.02.019. PMID: 29779551.
- Eddie D, Hoffman L, Vilsaint C, Abry A, Bergman B, Hoepfner B, Weinstein C, Kelly JF. Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching. *Front Psychol*. 2019 Jun 13;10:1052. doi: 10.3389/fpsyg.2019.01052. PMID: 31263434; PMCID: PMC6585590.
- Williams, C.S. (2021). *Voices of Hope: Substance Use Peer Support in a System of Care*. *Substance Abuse: Research and Treatment*, 15.

