



REQUEST FOR PROPOSAL (RFP) GUIDELINES AND INSTRUCTIONS

Service Category	Proposed Amount *	Contract Period	Funding Source
Outreach/Care Coordination	\$50,000	May 1, 2022, to April 30, 2023	Ryan White Treatment Modernization Act, Part C

This amount reflects a proposed annual allocation for the contract period 2022-2023 and may decrease or increase, depending on the actual federal award. Funding will be prorated based on the amount of time remaining in the calendar year. Applicants receiving awards must be able to modify their budgets and proposed programs should the actual allocation be different than the amount proposed. Final contract amounts will be determined after responses have been reviewed and federal notice of award has been received.

Date	Time	Activity
December 3, 2021	N/A	Announcement of funding opportunity.
December 13, 2021	12:00-1:00pm	RFP Information Meeting (Bidders Conference)
January 14, 2022	5:00 p.m.	An electronic PDF version (only) of the proposal must be received by the HIV/AIDS and STD Program. There will be no exceptions to this deadline.
January 28, 2022	N/A	Approximate date of announcement of award and initiation of contract negotiations.

General questions about this RFP may be directed to HIV/AIDS and STD Program staff at (925-313-6771), HIV Program Office, Contra Costa Health Services Department, 597 Center Avenue, Suite 200, Martinez, CA 94553.

I. DESCRIPTION OF AVAILABLE FUNDING

Federal Health Resources and Services Administration (HRSA) Ryan White Treatment Modernization Act funds are available through the Contra Costa Health Services Department HIV/AIDS & STD Program. Services funded through this RFP are intended to help stabilize clients' lives, reduce barriers to receiving medical care and supportive services, and improve health outcomes. More information on HRSA's expectations can be found at <http://hab.hrsa.gov>.

Contra Costa (CC) is the Federal grantee for HRSA Ryan White Part C funds. Applicants will serve clients in West Contra Costa County where the Part C program is focused. Applicant agencies should outline the distribution of personnel based on projected caseloads, funding, and epidemiologic information. The HIV/AIDS & STD Program is seeking a single agency to receive the full amount of available funding within this service category. Ongoing funding is contingent upon successful completion of the contractor's objectives and continued availability of federal funding.



II. QUALIFICATIONS, ELIGIBILITY AND FUNDING RESTRICTIONS

Eligibility is limited to not-for-profit (as determined by Internal Revenue Service) community-based organizations and hospitals or public agency service providers. Applicants need not be based in CC County to be eligible; however, agencies must demonstrate sufficient capacity to provide services within CC County to meet the programmatic objectives. Services that are reimbursable through other means such as Medi-Cal or other funding streams **MUST** be billed to those sources first and documentation of denial of service or other ineligibility for service must be on file and available for audit review purposes.

Applicants may not use a fiscal agent and must demonstrate fiscal stability. An agency with unresolved outstanding federal/state tax obligations is **not** eligible to apply for funding. Funds may not be spent on the purchase of or improvement to buildings or office facilities or to make payments to recipients of services. Funds may not be used to provide items or services for which payment has already been made, or can reasonably be expected to be made, by third-party payers, including private insurance, Medi-Cal, Medicare, or other programs. Funds may not be used to supplant third-party reimbursement. Services are intended for low-income people living with HIV or/and AIDS (PLWHA) who reside in CC County. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.

Agencies not already under contract to the Contra Costa Health Department HIV/AIDS & STD Program are strongly urged to apply and will be given priority so long as their applications meet the requirements laid out in this RFP.

Applicants should specifically address in their proposal how their agency meets qualifications and eligibility requirements and how their proposed program will fit into a continuum of care in Section VIII, numbers 3 and 4.

III. CONTRACTUAL OBLIGATIONS

Award of funds will result in a contract for services after final negotiations with the HIV/AIDS & STD Program regarding work plan and budget. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County cost reimbursement contracts. A copy of these conditions is available upon request from the HIV/AIDS & STD Program office. HIV/AIDS & STD Program contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment.

All Contractors are required to:

1. Abide by the legal requirements to maintain the **confidentiality of clients**.
2. Document HIV status of the clients. As per the Ryan White requirement, the client must establish their eligibility through medical verification of positive HIV serostatus to an HIV Medical Case Manager. Acceptable proof includes positive HIV and/or AIDS defining laboratory results, medical records, or physician statement of status on original letterhead. A viral load lab range and/or a CD4 count (HIV T4 Lymphocyte/T Cell) greater than 200/uL are insufficient by themselves to document HIV status.
3. Document **unmet service needs of clients** and include this documentation in all referrals for assistance.
4. Provide **culturally and linguistically appropriate services**.

5. Document the **provision and evaluation of all services, collect and maintain client level service data, enter and regularly update client demographics and service data into the system database (ARIES) and write case notes/progress reports.** Progress reports must include advancement in fulfilling contract specifications, trends in service delivery, issues encountered in the provision of services, and applicable fiscal reports. Data reports must be submitted monthly and narrative reports submitted quarterly. Agencies not currently using the ARIES services database will be provided access to ARIES upon notification of award. For more information on ARIES go to <https://projectaries.org/>
6. **Work collaboratively** with all existing HIV service providers within the Contra Costa HIV care network and with providers in other systems of care as applicable to ensure appropriate care coordination and utilization of existing services. Attendance at HIV medical rounds is required for all providers.
7. Participate in Oakland Transitional Grant Area (OTGA) Planning Council (Contra Costa and Alameda Counties) and local planning activities, including the OTGA Planning Council and the Contra Costa Consortium.
8. **Track all related contract expenses** in keeping with generally accepted accounting principles. There are specific requirements for delineation of administrative costs from program costs (see budget documents).
9. **Submit monthly payment demands along with grant expenditure reports and back-up documentation** such as payroll ledgers and operating cost receipts in a timely manner.
10. Offer services **free of charge to participants** and without regard to **past or present health condition(s).**
11. **Retain all documents** pertaining to this contract for five years from the date of submission of contractor's final payment demand or fiscal cost report.
12. Ensure that the services provided by this program will be **available to all qualified persons** regardless of age, sex, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that none shall be used, in whole or in part, for religious worship or instruction.

IV. DESCRIPTION OF SERVICES TO BE FUNDED

Care Coordination Services

Care Coordination is an outreach service designed to enroll people newly diagnosed with HIV and/or fallen-out-of-care HIV positive individuals to primary medical care, treatment services and supportive services. Care coordination is not HIV counseling and testing, nor is it HIV prevention education. Services target HIV positive individuals who have experienced difficulties making or keeping medical and support service appointments and are provided only to clients for whom a referral has been issued. While the Care Coordinator may meet with clients in an office, most often services are provided at the client's home, clinic, or other venue most appropriate to the client's situation. The Care Coordinator is a member of an interdisciplinary team and locates clients who are lost to care, encourages them to return to care, supports them in keeping clinical appointments and helps navigate insurance coverage issues. Other activities may include obtaining documentation for enrollment in an HIV system of care, referring clients and their partners to risk reduction services, and working with the client and their partners to remain in care.

All Care Coordinators are expected to attend medical rounds to update medical providers regarding client status and to coordinate services with other providers. Case conferencing is to be done at least twice yearly for each client and is documented in ARIES and the client's file. For West County clients served through the Contra Costa Regional Medical Center (CCRMC), medical rounds are hosted by the HIV/AIDS and STD program Office using Microsoft Teams application and happen twice per month.

UNITS OF SERVICE:

The standard unit of service is a 15-minute interval of time. Services include all activities that are conducted with the client (e.g., face-to-face and telephone encounters) and services that are conducted on behalf of the client (e.g. appointment arrangements, referral follow-up, case conferencing, peer conferencing, arranging for transportation or conferring with other providers). Multiple units of service per client are possible per encounter. The threshold number of units for required services will be described in the scope of work developed with the Contra Costa HIV/AIDS and STD Program. Documented units of service must make up no less than seventy-five percent (75%) of the employee's time. This leaves adequate time for usual employee benefits, including time off and other non-productive, non-program time.

SERVICE STANDARDS AND REQUIREMENTS FOR ALL SERVICES

All programs must:

1. Have policies and procedures describing how and with what frequency services are to be provided, including regular face-to-face visits.
2. Conduct client assessment regarding barriers to care and develop jointly with the client a plan to re-engage with services.
3. Provide and document services that support individuals with HIV/AIDS to make and keep medical appointments at least 60 days apart complete lab work (CD4 and Viral Load) at least twice per year.
4. Provide culturally appropriate and respectful services to all enrolled clients.
5. Provide information, education, support, advocacy, and referral services to all clients enrolled and receiving care coordination services.
6. Conduct ongoing case conferencing with other providers to ensure efficient and effective coordination of care.
7. Establish a quality management system to assess the impact that program services have on a client's health.
8. Develop community outreach strategies to reach HIV+ clients who have fallen out of care and HIV+ individuals who have never been enrolled in the system of care.
9. Train staff in HIV issues and standards for service provision.
10. Maintain accurate record-keeping and ensure accountability.
11. Document service provision in ARIES within 48 hours of each client encounter and provide a minimum of monthly case updates to the Outreach Manager and case management team; complete client referral outcomes and close referrals with a documented outcome within 6 months of referral date.

Care Coordinators must also:

1. Case conference with the clinician and other providers in group or individual settings to improve coordination of client's care. Comprehensive case conferencing must be connected to the clinical treatment plan and be documented in the ARIES database.
2. Conduct outreach to locate clients. Outreach activities include phone calls and field visits.

3. Maintain strict confidentiality. Care Coordinators must complete annual HIPAA and California Privacy Act trainings and must strictly adhere to these guidelines, including reporting any potential HIPAA breach or incident to the HIV/AIDS and STD Program within 24 hours.
4. Attend monthly outreach meetings at the HIV/AIDS and STD Program in Martinez.
5. Accept referrals from Medical Case Managers for support in obtaining documents necessary to enroll clients in care. Act upon referrals within 48 business hours.

ELIGIBILITY/SUPERVISION OF PROGRAM PERSONNEL

All Providers must maintain:

1. Annual certification of tuberculosis clearance on file for all program staff.
2. Staff who are diverse in ethnicity, culture, gender, sexual orientation, and language and have received cultural competency training. Additional training in trauma-informed care and Motivational Interviewing are strongly encouraged.
3. Links to community-based organizations targeting the population groups they are serving.
4. Memorandum of Understanding (MOU) for interpretation services that are not provided on-site.
5. Staff with experience and qualifications in the specific service category being funded. No specific educational degree is required. Individuals in this position are strongly encouraged to have relevant life experience.
6. Supervisory staff who are experienced in the relevant service being delivered.

TRAINING AND EDUCATION FOR ALL SERVICE STAFF

All staff should have at a minimum:

1. HIV/AIDS training and education to increase sensitivity of administrative support staff and practitioners to the issues of those living with HIV/AIDS.
2. HIV/AIDS prevention and education training to enable providers to promote HIV risk reduction activities that will halt the spread of the disease.
3. Cultural competency training to provide appropriate services to clients identifying as Black/African American, Hispanic/Latinx, transgender and/or others identifying as gay, bisexual or same gender loving.

PHYSICAL PLANT STANDARDS

Services may be provided in the client's home, at clinics, in a clinical provider's office or at another mutually acceptable location.

All service locations must include:

1. Access to a private, confidential space for clients to meet with program staff;
2. A facility where illegal drug use is not tolerated on site;
3. A comfortable, trauma-informed environment for people living with HIV/AIDS; and
4. A confidential and secure location for client files.

In addition, ALL agencies must ensure the following:

1. Compliance with Fire Regulations, Health and Safety Regulations, Building Codes, and Zoning Regulations: Buildings in which services are provided must be in compliance with

city and county fire regulations, health and safety regulations, building codes, and zoning regulations. Emergency exits, smoke detectors, etc., must be clearly visible.

2. Compliance with Requirements for Accessibility for Persons with Disabilities: The term “accessibility” means that service provider offices can be approached, entered, and used by persons with disabilities, including but not limited to those using wheelchairs or walkers and those with sight impairments. The following codes and acts specify requirements related to accessibility:
 - a. Americans with Disabilities Act (“ADA”), 42 United States Code (“USC”): Title II applies to residential dwellings; Title III applies to hotels providing nonresidential accommodations (Path of travel for residents must be accessible).
 - b. Fair Housing Act (“FHA”), 42 USC: Applies to new residential dwellings except certain single family or small owner-occupied dwellings. (5% of the units plus all common space must be accessible).
 - c. Section 504 of the Rehabilitation Act of 1973, 42 USC: Applies to all programs & activities receiving federal funds.
 - d. Architectural Barriers Act, 42 USC: Applies to most new buildings built with federal assistance.
 - e. State Building Code, Title 22 of CA Code of Regs: Applies accessibility standards to public buildings, public accommodations, and publicly funded rental housing.

V. FISCAL MANAGEMENT

The Contra Costa Health Services Department will reimburse the contractor for actual costs monthly. This funding must not exceed 60% of the agency’s total annual budget. Per federal directive, administrative expenses may not exceed 10% of the award. Additional indirect charges are not allowed in the budget. Agencies with an approved federal indirect rate may petition the CC HIV/AIDS and STD Program for a waiver of this stipulation, but any allowed indirect charges will be included in the overall 10% cap on administration. The agency is responsible for meeting all obligations outlined in the contract. **All services funded through this RFP process are to be provided free of charge to eligible individuals.**

Contracted agencies must comply with annual fiscal audit from the county in addition to or as part of the annual program site visit.

VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to eva.lodetti@cchealth.org or by downloading a copy in PDF format from the Contra Costa Health Services Department website at <http://www.cchealth.org/groups/aids>. All submissions are to be submitted electronically and **only in Portable Document Format (PDF)**. Pages must be submitted in the same order as required in the RFP and numbered sequentially. **Late proposals will not be accepted.** **Facsimile (fax) copies are not acceptable.** Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed seventeen (17) pages, including the Project Budget and Justification (see “Required Format,” Section VIII). Supporting documentation is **not** included in the maximum page count.

Please submit your proposal via email to eva.lodetti@cchealth.org, electronically time stamped no later than **5:00 pm on Friday January 14, 2022**, and **only in standard (8 x 11 letter sized)**

PDF format.

If signature pages and attachments cannot be scanned into the application, they must be delivered by mail no later than Friday, January 14, 2022. Please send mailed correspondence to

Contra Costa Health Department
Attn: Eva Lipke
597 Center Ave. Suite 200
Martinez, CA 94553

Please note:

1. Contents should be in the order outlined here with the pages numbered sequentially throughout the proposal, including the forms and attachments.
2. Only the attachments identified in Section VIII will be accepted.
3. Proposals should be as concise as possible, must be in 12-point font with 1 inch margins on letter sized paper and must not exceed page limitations where specified. Do not assume that the reader knows your agency or program.
4. Issuing an RFP does not obligate the HIV/AIDS and STD Program to award a contract to any provider, nor is the HIV/AIDS and STD Program liable for any costs incurred by the organizations in the preparation of proposals. The HIV/AIDS and STD Program retains the right to award parts of the contract to several bidders, to not select any bidders, and/or to re-solicit proposals.

Questions about the requirements and components of the proposals may be directed to the HIV/AIDS and STD Program: (925) 313-6771.

VII. REVIEW PROCESS

The review/selection process is comprised of the following steps:

1. **Administrative Review:** The CC HIV/AIDS and STD Program staff will review all submitted proposals to ensure proposals are complete and in compliance with instructions in this RFP. Proposals not conforming to these basic standards will be considered as not meeting the application deadline. Agencies that file incomplete proposals will be notified of their ineligibility.
2. **Review of Proposed Program:** Persons with expertise in the service category will evaluate and determine a preliminary score for each proposal, based on the guidelines listed in "Review and Award Criteria". Preliminary scores will be combined to determine a ranking for all proposals.
3. **County HIV/AIDS and STD Program Review:** The CC HIV/AIDS and STD Program will review the recommendations and rationale for funding decisions and will determine the award amount. All final funding decisions will be made by the CC HIV/AIDS and STD Program.
4. **Notification of Award:** Each agency submitting a proposal will be informed in writing of the funding decision. **Final awards are subject to federal notice of grant award from the Ryan White Part C Program.**
5. **Appeals:** Applicants may appeal the process, not funding outcomes. Appeals must be submitted in writing to the CC HIV/AIDS and STD Program Director within seven (7) business days of receiving written notification of the funding decision. Appeals must identify what part of the RFP process is being appealed and the reasons for the appeal.

The CC HIV/AIDS and STD Program Director will make decisions regarding appeals within five (5) working days of appeal receipt.

VIII. **REQUIRED FORMAT**

1. **Funding Application Cover Sheet (Attachment A) (not counted in page limit)**

The Funding Application Cover Sheet contains the applicant's name, mailing address, telephone and fax numbers and the service category and amount requested. It must be signed by the applicant's Chief Executive Officer and the President of the applicant's Board of Directors. A scanned PDF version is acceptable.

2. **Agency Capability - maximum one (1) page (counted in page limit)**

- a. Provide a brief agency history and description.
- b. Explain the agency's involvement with its target community.
- c. Describe the agency's involvement and experience working with CCCHAP's target populations as identified in this RFP.
- c. Describe the direct services currently provided for PLWHA or affected others and the length of time these have been offered by the agency. Describe the agency's role in linking clients to primary care services.
- d. Describe the involvement of PLWHA in the agency's governance and planning of services.
- e. Describe the qualifications of project personnel, including direct service and supervision staff.

3. **Agency Outreach and Collaboration - maximum one (1) page (counted in page limit)**

- a. Describe how the agency publicizes its services to its target population, including service providers, and ensures client access to services.
- b. Describe the agency's experience with collaborative service planning and service coordination with other agencies. Provide concrete examples.
- c. Specify how the agency links clients to other services (e.g., Medical/social services, transportation, etc.).
- d. Describe the changes, if any, that will be made to existing service delivery to ensure the success of the proposed project.
- e. Describe how providers will assist "hard-to-serve" clients, including those with mental health or substance abuse issues, homelessness, criminal histories, or limited work/income.
- f. Describe linkages and collaboration with the homeless and other systems of care.
- g. Describe how the agency views its role in the community and the Contra Costa system of HIV care.

4. **Target Population and Needs Assessment - maximum two (2) pages (counted in page limit)**

- a. Identify the population your agency intends to serve, including the geographic community area(s) and the prevalence of HIV/AIDS in this population.
- b. Identify successful strategies used by the agency to reach these populations.
- c. Describe barriers to the provision of direct HIV/AIDS services to this population and within the geographic area (West Contra Costa County).
- d. Describe actions taken recently by the agency to address these barriers.

5. **Proposed Project Objectives – maximum two (2) pages (counted in page limit)**

- a. Indicate the proposed project's objectives. These must be specific, time-phased, measurable, and adhere to the service definitions in this RFP. *Refer to the service category descriptions, especially the service standards and requirements (Section IV) for guidance in developing your proposed project objectives.*
- b. Define for each objective the number of clients you will serve and any specific characteristics. Be specific in projected numbers of clients who are Black/African

American or Hispanic/Latinx men who have sex with other men, women (particularly women of color), and injection drug users.

6. **Proposed Program - maximum six (6) pages (counted in page limit)**

- a. For each major objective listed above, describe the primary steps, activities, and milestones, in chronological order. Make sure the plan specifies how your activities will support access to primary care and follow up on referrals. In your response, provide an answer to the “who, what, where, when, and why” of the proposed project. Who will manage the proposed project? Who will carry out the program? What will you do? Where and when will these activities be conducted? Why did you select this particular approach?
- b. Describe the ways in which these activities and strategies are developmentally appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served. Include in your answer the role of volunteers, as well as the involvement of PLWHA in program development, execution, and management.

7. **Proposed Project Budget - maximum one (1) page and Budget Justification - maximum two (2) pages (counted in page limit)**

The application must include a line-item budget and a budget narrative (see attachments B and C) explaining how each line item will be expended. There is a cap of 10% on all administrative charges. Routine administrative charges may include Director’s time, agency rent and utilities, payroll, audits, maintenance, supplies, telephone and other shared program costs. Costs such as mileage to and from clinics or clients’ homes should be assigned as program expenses, not administration. **The project budget should include information on other sources of revenue.** Applicants will be required to maintain written documentation, including legible invoices and canceled checks.

8. **Quality Assurance Plan - maximum one (1) page (counted in page limit)**

The proposal must include a summary of the agency quality assurance plan that demonstrates how the agency will ensure that the services provided will improve clients’ health status. Outcome indicators (including those detailed in Section IV, *Service Standards and Requirements for all Services*), must show direct linkages between the services provided and access to medical care. The agency will measure progress towards meeting the indicators during the contract period. The quality assurance plan must describe how Continuous Quality Improvement activities will be conducted and how the agency will use the results to improve the provision of services.

9. **Service Continuity Plan: maximum one (1) page (counted in page limit)**

The applicant must describe in detail how and with what frequency services will be conducted when a staff vacancy or other disruption occurs within the program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery? Who will provide supervision? How will clients be notified? How will communication with other providers and the HIV/AIDS and STD Program be handled?

The applicant will also describe the process for agency oversight to ensure timely submission of data and other deliverables, including attendance at required meetings. How will the agency ensure that individuals funded by the HIV/AIDS and STD Program (or other funders listed as grant references) for other activities will not be deployed from those activities to cover new vacancies? What process will be used if the proposed plan must be redesigned due to other unforeseeable events?

10. **Additional Supporting Documentation (not counted in page limit)**

- a. **Tax-exempt status** determination letters from the Internal Revenue Service and/or the State of California.
- b. **Job Descriptions** for any primary positions to be funded under the proposed project.

- These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
- c. **Resumes or statements of qualifications** of primary staff funded under the proposed project as well as any supervisory staff--even if not funded under this grant. If a prospective candidate has been identified but not yet hired for any position to be funded include their resume in this section. Resumes should reflect an individual's current job status. Proposals should not include resumes of individuals not involved in the proposed project.
 - d. **Memoranda of Understanding and Letters of Collaboration** may be included but must be project specific.
 - e. **Service Provider Profiles** (Attachments D, E, F and G) report financial information on the agency - including HIV composite and total agency budgets - and provide demographic information on the agency's Board of Directors, volunteers, program staff, and HIV/AIDS clientele. Self-disclosure of HIV status is voluntary and is not required.
 - f. **Past Performance** Information (Attachment H) provides contact information on contracts held with the applicant agency. Those individuals listed will be contacted for an evaluation of the applicant agency's performance. Applicants are encouraged to list those contracts that are most relevant to the service category applied for. **Applicants may list only one contract held with Contra Costa HIV/AIDS and STD Program.**
 - g. **Program Procedural Protocols** (optional) - several service providers have developed service manuals outlining procedures and protocols. This additional information may provide the independent review panel with a better perspective of an applicant's program. A maximum of 20 pages is allowable. If your manual exceeds this amount, provide a representative sample with an explanatory cover sheet.
 - h. **List of Board of Directors** - including affiliations, city of residence, and means to contact.
 - i. **Organization Chart** – including the name of staff currently in each position and the FTE of each position.
 - j. **A copy of the agency's most recent audited financial statement** – include the auditor's management letter, notes and statement of findings.

Additional documentation may be required to complete the contracting process.

IX. REVIEW AND AWARD CRITERIA

Complete applications will be reviewed and evaluated as follows:

1. **Applicant Capability, Outreach and Collaboration- 20 points**
 - a. Does the applicant describe sufficient relevant experience in the successful provision of services similar to those it proposes to provide? Does the applicant have a history of working with the target population?
 - b. Does the applicant demonstrate that it has established links with its target community area(s) and population(s) and with other service providers in this community?
 - c. Are PLWHA serving on the applicant's Board of Directors or otherwise involved in agency governance? Does the applicant employ PLWHA as paid staff in any positions of authority? Is there a consumer advisory board? If the applicant's Board of Directors and its staff are not reflective of the targeted population(s), has the applicant taken substantive steps to increase such representation? Does the makeup of the Board of Directors and/or staff reflect the community being served?
 - d. Has the applicant identified qualified individuals to carry out the proposed activities?

- Does the applicant currently employ them, or do they need to be hired?
- e. Does the applicant describe reasonable methods to identify new clients and ensure they understand how to access services?
 - f. Is the referral and coordination process clear?
 - g. Is the plan to provide services to the “hard to reach” population(s) clear and consistent with needs of individuals with mental health or substance use issues, homelessness, criminal histories, limited employment/income histories, or other extenuating issues?
 - h. Has the proposal convincingly demonstrated that the applicant has the administrative and programmatic abilities necessary to successfully administer this program?
 - i. Does the proposal demonstrate linkages with other services?
2. **Target Population and Needs Assessment - 15 points**
- a. Does the applicant adequately describe how the agency will serve the population(s) impacted by HIV/AIDS? Are the specific needs of African American men who have sex with other men, women of color, and injection drug users identified?
 - b. Does the applicant identify the demographic, social, and behavioral characteristics of the target population(s)?
 - c. Does the applicant adequately describe challenges and methods to overcome them in service provision with populations living with HIV/AIDS?
 - d. Does the applicant explain how/why this project is different from other projects serving this community?
 - e. Does the applicant convincingly state the need for this particular program?
3. **Proposed Program - 35 points**
- a. Are the applicant’s objectives and proposed activities appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served? Does the applicant explain why these strategies were selected?
 - b. Does the applicant present a realistic plan to deliver proposed services relevant to the needs of the target population and the specific populations identified in Section IV?
 - c. Are proposed objectives specific, measurable, and time-phased? Does each objective have related activities and evaluation measures?
 - d. Does the applicant explain where/when services will be provided including site location and hours of service?
 - e. Does the applicant adequately substantiate that it possesses the cultural sensitivity and competency necessary for successful program delivery to the target population(s)?
 - f. Do resumes reflect specific training, prior work, or other evidence of appropriate experience that meet the service standards?
 - g. Is appropriate supervision for service staff described?
 - h. Does the applicant specify how the agency will coordinate with other HIV/AIDS services and general medical/social services to ensure client success in implementing plans and attaining positive health outcomes?
 - i. Has the applicant included a reasonable evaluation component in its program plan, including a description of how findings will be used to improve the program?
 - j. Does the proposed service meet the service standards and requirements outlined in this RFP?
 - k. Does the quality assurance plan adequately describe how the agency will ensure that a high level of service will be provided?
 - l. Does the applicant describe how duplication of services will be avoided and that Federal dollars will be used only as “funds of last resort?”
 - m. Overall, will this project be an effective use of funds?
4. **Financial Information - 10 points**
- a. Is the applicant’s proposed project budget appropriate and reasonable, given the services to be provided and stated staffing levels?

- b. Does the requested budget amount reflect the total cost of the proposed project? If not, does the applicant identify other resources that will support this program?
 - c. Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
 - d. Does the applicant's project appear to be cost effective?
 - e. Is the annualized program budget less than 60% of the agency's total annual budget?
5. **Service Continuity - 20 points**
- a. Does the applicant have a plan in place that describes how the agency will provide services to clients during any period when the funded position is vacant?
 - b. Does the plan adequately describe how the applicant will ensure that clients and system of care providers will be notified of a change in staffing and that no clients fall through the cracks?
 - c. Does the plan adequately address how the applicant will meet contract deliverables without using staff funded for other services?
 - d. Does the plan describe how other system of care service providers will be notified about how referrals are to be made to the applicant during this vacancy?

Applicants are encouraged to use the questions listed above to guide, in part, the content of their proposal. Keep in mind that reviewers may not be aware of your proposed program or your agency's experience in Contra Costa County.

NOTE: ALL FORMS (ATTACHMENTS A - H) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT'S OWN COMPUTER IF DESIRED.

**CONTRA COSTA HEALTH SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION
AIDS PROGRAM**

FUNDING APPLICATION COVER SHEET
(Use one sheet for each service category proposal)

Service Category: **Outreach**

Amount Requested: \$ _____

Targeted Region(s) (*Circle as many as appropriate*):

West County

Agency Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Project Director: _____

Telephone Number of Project Director: _____ **email:** _____

Program Site Address(es): _____
(If different than address above)

Program Operating Days/Hours: _____

Are services provided on-site, off-site or both? _____

Applicant's Chief Executive Officer

President, Applicant's Board of Directors

Name: _____
(Type or print)

Name: _____
(Type or print)

Signature: _____

Signature: _____

USE THIS FORMAT WHEN COMPLETING THE PROPOSED BUDGET

Agency Name

May 1, 2022 to April 30, 2023

Name of Service

PERSONNEL

	annual rate of pay	Percent FTE	Number of Months	Program Cost	Admin Cost	Total Cost
position 1	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
position 2	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
Supervisor	\$xxx	xx%	12		\$bb	\$bb
total Salaries				\$x,xxx	\$x,xxx	\$x,xxx
Fringe Benefits estimated at (xx%)				\$xx	\$xx	\$xx
Total salaries and Benefits				\$x,xxx	\$x,xxx	\$x,xxx

OPERATING

describe discrete categories of expenses

Mileage Reimbursement	xx		\$xx
Supplies	\$ -	\$xx	\$xx
Telephone	\$ -	\$xx	\$xx
Occupancy	0	\$xx	\$xx
Total Operating	\$x,xxx	\$x,xxx	\$x,xxx

OTHER EXPENSES

List other charges not related to Personnel or Operating expenses

agency audit	\$ -	\$xx	\$xx
Total Other	\$x,xxx	\$x,xxx	\$x,xxx

TOTAL REQUEST

\$x,xxx	\$x,xxx	\$x,xxx
---------	---------	---------

Charges in the administration column may not exceed 10% of the budget.

Administrative charges may include shared agency costs not assigned to a specific program such as payroll, accounting, maintenance, insurance, utilities, etc. Admin. time for personnel includes general staff meetings, general supervision, etc., not related to client services. DO NOT use an indirect line for administration charges.

PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)

Agency Name
 Dates of Services
 Name of Services

1. PERSONNEL***Salaries*****A. Outreach Coordinator (One 1.0 FTE, 12 months)**

\$xx,xxx

The HIV/AIDS housing advocate is responsible for providing housing-related services to facilitate client acquisition or maintenance of permanent housing. The housing advocate's duties may include helping clients complete housing and financial assistance applications, landlord negotiations, educating clients about tenant rights and responsibilities, developing information on housing resources such as a list of affordable and available rental units, etc.

B. Supervisor (0.1 FTE, 12 months)

\$xx,xxx

The supervisor is a qualified professional who has extensive knowledge of and experience with housing advocacy. This person reviews client records regularly, provides professional support and assistance to the housing advocate, and generally oversees housing advocate activities.

C. Fringe Benefits and Taxes

\$xx,xxx

A rate of xx% for benefits and payroll taxes, which includes FICA, medical insurance and disability insurance, has been applied to total salaries.

2. OPERATING EXPENSES

\$x,xxx

Program: Mileage reimbursement for housing searches and client assessments calculated at \$100 miles/mo x \$0.xx /mile x 2 FTE

Administrative: Office Supplies are estimated at \$xx/month x 12 months x 2 staff

Administrative: Telephone charges for 3 staff estimated at \$xx /month x 12 months x 3 staff

Administrative: Occupancy is \$x.xx per sq ft x y feet

3. OTHER EXPENSES

\$x,xxx

Administrative: Other Expenses include annual agency audit estimated at \$xxxx

SERVICE PROVIDER PROFILE

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

COMMUNITY AREAS SERVED BY HIV/AIDS and STD PROGRAMS:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) _____

DUNS NUMBER: _____

SAM REGISTRATION STATUS: _____

FISCAL YEAR 2020-2021

TOTAL FISCAL YEAR AGENCY REVENUE (ACTUAL): _____

TOTAL FISCAL YEAR (FY) AGENCY EXPENSE (ACTUAL): _____

SURPLUS/DEFICIT: _____

TOTAL FY 2020-21 HIV/AIDS and STD PROGRAM EXPENSE (ACTUAL):

(This amount should not be equal to the total 2020-21 agency expense)

Explain how deficit was resolved or how surplus was expended, whichever situation is applicable:

COMPLETE THE FOLLOWING INFORMATION FOR YOUR HIV/AIDS BUDGETS ONLY.

Select the fiscal year most appropriate to your agency (2020/2021 or 2021/2022).

Personnel: Include all salaries to be paid in whole or in part with each fund. Fringe: Provide aggregate amount of fringe benefits.

Travel: Include airfare, ground transportation, lodging, per diem (not mileage). Equipment: Include both purchases and leases. Cost sharing must be applied.

Supplies: All supplies to be purchased, including computer software.

Other: All other direct costs not included above. (e.g., rent, printing, phone, postage, utilities, advertising, training, interpreter fees, insurance, equipment maintenance.

Contractual: Funds to be used for services to clients, and/or administration/program support, including consultants or contractors).

Indirect Costs: Use only if your agency has a federally approved indirect cost rate. This is included in the overall cap of 10% for administration.

Summary of HIV/AIDS-Related Funding Sources for FY 2020-21 or 2021-22								
FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								
Other (incl. Mileage)								
Contractual								
Total Direct Costs								
Indirect Costs								
TOTAL COSTS								

Summary of HIV/AIDS-Related Funding Sources for FY 2022-2023 (projected)								
FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								
Other (incl. Mileage)								
Contractual								
Total Direct Costs								
Indirect Costs								
TOTAL COSTS								

AGENCY'S CURRENT YEAR TOTAL OPERATING BUDGET (SAMPLE)

Agency Name

Time Period (select the fiscal year most appropriate to your agency)

EXPECTED REVENUE:	Service Area 1 (i.e. Housing)	Service Area 2 (i.e. Education)	Service Area 3 (i.e. HIV Services)	TOTAL
Public Funds:		\$ xx,xxx		\$ xx,xxx
CDBG:	\$ xx,xxx			\$ xx,xxx
Ryan White (Part A):			\$xxx,xxx	\$xxx,xxx
City of XXX:	\$ xx,xxx	\$ x,xxx	\$ xx,xxx	\$xxx,xxx
Foundation Grants:		\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Contributions:	\$ xx,xxx		\$ x,xxx	\$ xx,xxx
Fee for Services:		\$ x,xxx		\$ x,xxx
Special Event Revenue:		\$ x,xxx		\$ x,xxx
TOTAL REVENUE:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
EXPECTED EXPENSES:				
Salaries:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
Fringe Benefits:	\$ x,xxx	\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Occupancy/Rental:	\$ x,xxx			\$ x,xxx
Supplies:	\$ xxx	\$ x,xxx	\$ xx,xxx	\$ xx,xxx
Postage:	\$ xxx	\$ xxx		\$ xxx
Equipment:			\$ xx,xxx	\$ xx,xxx
Travel:	\$ x,xxx	\$ xxx	\$ xxx	\$ x,xxx
Telephone:	\$ x,xxx	\$ xxx	\$ x,xxx	\$ x,xxx
Printing:	\$ xxx	\$ x,xxx	\$ xxx	\$ x,xxx
Staff Training/Conferences:	\$ xxx	\$ xxx	\$ xxx	\$ xxx
TOTAL EXPENSES:	\$ x,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
Share of Indirect Costs:	\$ x,xxx	\$ x,xxx	\$ x,xxx	\$xxx,xxx
TOTAL EXPENSES INCLUDING DIRECT COSTS:	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx

****NOTE: Agency must have an approved (federal) indirect rate to complete this information. Indirect funding is considered part of an overall cap of 10% on administration in these grant awards.

Please complete this agency profile for the total agency (all programs) and then for HIV/AIDS direct services only.

TOTAL AGENCY	HIV/AIDS DIRECT SERVICES
---------------------	---------------------------------

BOARD OF DIRECTORS	STAFF	UNDUPLICATED CLIENTS	STAFF	UNDUPLICATED CLIENTS	OTHER VOLUNTEERS
---------------------------	--------------	-----------------------------	--------------	-----------------------------	-------------------------

	#	%	#	%	#	%	#	%	#	%	#	%
Native American												
Black/African American												
Hispanic or Latino/a/x												
Asian or Pacific Islander												
TOTAL MINORITY												
TOTAL WHITE												
TOTAL WOMEN												
TOTAL MEN												
LGBTQI												
PWHIV/PLWA*												

* Self-disclosure of HIV status is voluntary and is not required.

Please indicate whether or not your organization classifies itself as a “minority” organization: YES _____ NO _____

(A “minority” organization is one in which at least 51% of the board of directors and of the staff are persons of color.)

If your Board of Directors and/or staff are not reflective of the agency’s client population, briefly explain why and any steps taken to rectify this situation.

PAST PERFORMANCE

AGENCY NAME: _____

COMPLETE THE TABLE BELOW FOR UP TO FIVE (5) PREVIOUS (NOT CURRENT) CONTRACTS YOU CONSIDER PERTINENT TO THIS PROPOSAL. YOU MAY LIST ONLY ONE CONTRACT HELD WITH THE CONTRA COSTA HIV/AIDS & STD PROGRAM.

Contract Title	Grantor or Funder	Contract Period	# Of Clients Expected to Be Served	# Of Clients Served	Program Monitor & Phone Number
1.					
2.					
3.					
4.					
5.					