



**REQUEST FOR PROPOSAL GUIDELINES AND INSTRUCTIONS**

Service Category	Proposed Amount	Contract Period	Funding Source
Medical Case Management	\$88,000*	March 1, 2023 – February 28, 2024	Ryan White Treatment and Modernization Act, Part A

This amount reflects a proposed annual allocation for the contract period 2023-2024 and may decrease or increase depending on the actual federal award. 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
January 17 <sup>th</sup> 2023		Announcement of funding opportunity
January 27 <sup>th</sup> 2023	9am-10am	Informal informational meeting for potential applicants via Zoom
February 17 <sup>th</sup> 2023	By 6pm	<b>Proposals Due:</b> an electronic <b>PDF version</b> (only) of the proposal must be received in the HIV/AIDS & STD Program Email PDF to <a href="mailto:eva.lodetti@cchealth.org">eva.lodetti@cchealth.org</a> . <b>There will be no exceptions to this deadline.</b>
Week of February 20 <sup>th</sup> 2023		Review panel(s) will meet to evaluate proposals and develop funding recommendations
February 27 <sup>th</sup> 2023		Approximate date of announcement for awards and initiation of contract negotiations

General questions about this RFP may be directed to the Deputy Director, April Langro at (925-313-6730), HIV/AIDS and STD 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 and Modernization Act funds are available through the Contra Costa Health Services Department HIV/AIDS and STD Program. Services funded through this RFP are intended to help stabilize clients’ lives, reduce barriers to receiving medical attention, and improve health outcomes. More information on HRSA’s expectations can be found at <http://hab.hrsa.gov>.

The County of Alameda is the Oakland Transitional Grant Area (OTGA) Federal grantee for HRSA Ryan White Part A funds. Contra Costa County (CCC) is a Part A subrecipient and service provider. Contra Costa contracts with community agencies to provide services throughout CCC. Applicants must be willing to serve clients throughout the entire OTGA region. Applicant agencies should outline the geographic distribution of personnel based on projected caseloads, funding, and epidemiologic information. The HIV/AIDS and STD Program may determine that a single agency will receive the full amount of available funding within a service category to provide services throughout the entire county or that an agency’s project for services be provided only within a specific geographic



region, such as West or East County. Ongoing funding is contingent on the subcontractor's successful completion of their objectives and the 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 CCC to be eligible; however, agencies must demonstrate their deep familiarity of CCC as well as established business relationships that would bolster the agency's capacity to meet 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 established at time of contract implementation and on file and available for audit review purposes throughout the duration of the contract.

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. Services are intended for low-income people living with HIV and AIDS (PLWHA) in the OTGA region. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.

Agencies not already under contract with the Contra Costa Health Department HIV/AIDS and STD Program (CCHAP) are strongly encouraged to apply.

***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 work plan and budget negotiations with the CCHAP. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County contracts. A copy of these conditions is available upon request from the CCHAP office. CCHAP contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment. Contractors will also need to be registered in the System for Award Management (SAM.GOV) database and provide the agency's Data Universal Numbering System (DUNS) and Employer Identification Number (EIN). [SAM.gov](http://SAM.gov) | [Home](#).

**All contractors are required to:**

1. Abide by the legal requirements to maintain the **confidentiality of clients**.
2. Document **HIV status** of the clients. Clients must establish their eligibility through medical verification of HIV serostatus to an HIV Medical Case Manager, who must resubmit this proof of HIV status with referrals for services outlined in this RFP. Acceptable proof includes positive HIV and/or AIDS-defining laboratory results, medical records, and physician statements on original letterhead. A viral load lab of >20 copies per cubic millimeter or a CD4 count of 200 or fewer cells per cubic millimeter is insufficient by themselves to document HIV status.
3. Ensure that at least **25% of services are provided to women and 60% to people of color**.
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 progress reports.** Progress reports must include advancement in fulfilling contract specifications, trends in service delivery, problems encountered in the provision of services, and applicable fiscal reports. Data reports must be current for monthly unduplicated client (UDC) and unit of service (UOS) pulls, and narrative reports must be submitted quarterly. Agencies not currently using the ARIES database will be provided training and access to ARIES upon implementation of contract. For more information on ARIES go to [OA ARIES Resources \(ca.gov\)](#).
6. **Work collaboratively** with all HIV service providers to ensure coordination and utilization of existing services. Attendance at Contra Costa Health Services HIV medical rounds is required for all core services providers.
7. Participate in local **planning** activities, including local HIV/AIDS Consortium activities, OTGA Planning Council meetings, and other trainings and meetings as requested.
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 all operating cost receipts by the 10<sup>th</sup> of the following month.
10. **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.
11. Ensure that the goods and 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 no grant funds shall be used, in whole or in part, for religious worship or instruction.

For additional detail on the Ryan White Standards of Care for the Oakland Transitional Grant Area refer to: [Part-A-Standards-of-Care ForFinalApproval.pdf \(oaklandtga.org\)](#)

#### **IV. DESCRIPTION OF SERVICES TO BE FUNDED**

##### **MEDICAL CASE MANAGEMENT**

Medical Case Management consists of a range of client-centered activities provided in the medical clinic, an office, the client's home, or other private location. These activities are focused on improving health outcomes in support of the HIV care continuum. Medical case managers may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible. Medical Case Management includes the provision of treatment adherence counseling. The goals of Medical Case Management services in CCC are to:

1. Improve health outcomes through implementing and monitoring progress in the clinical provider's treatment plan, and coordinating HIV services that improve the quality and health outcomes of clients;
2. Reduce the transmission of HIV through the provision of risk reduction services that include partner notification; and
3. Move a client to self-sufficiency.

HRSA defines medical case management as a range of client-centered services that link clients with health care, psychosocial, and other services. Coordination and follow-up of medical treatments are components of medical case management. Services ensure timely, coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Medical case management includes treatment adherence counseling to ensure readiness for and adherence to HIV/AIDS medication regimens. Key activities include: (1) annual assessment of eligibility and service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of



services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the duration of the client’s participation in medical case management. Medical case management includes all types of case management, including face-to-face meetings, phone contact, and any other form of communication.

All Medical Case Managers are also expected to attend medical rounds on their patients to provide updates on their medical providers and contribute to care coordination. Case conferencing is to be done at least twice yearly for each client and documented in ARIES. For clients served through Contra Costa Regional Medical Center (CCRMC), medical rounds are held monthly in the relevant region of the county:

<b>Rounds</b>	<b>Time</b>
<b>Central and West County Rounds</b> Dr. Moring-Parris	<b>1<sup>st</sup> Thursday of the Month</b> 1:00-2:00 p.m.
<b>East County Rounds</b> Dr. Watanabe	<b>2<sup>nd</sup> Wednesday of the Month</b> 1:30-2:00 p.m.
<b>Central and West County Rounds</b> Dr. Pehling	<b>2<sup>nd</sup> Friday of the Month (Even Months)</b> 2:30-4:00 p.m.
<b>East County Rounds</b> Dr. Farnitano	<b>4<sup>th</sup> Thursday of the Month</b> 12:00-1:00 p.m.
<b>Central County Rounds</b> Dr. Fernandes	<b>3<sup>rd</sup> Thursday of the Month</b> 1:00-2:00pm

Clients receiving their medical care outside the CCRMC system must be case conferenced with their medical provider and documented in ARIES at least twice per year.

**UNITS OF SERVICE**

The standard unit of service (UOS) depends on the service category. For Medical Case Management Services a UOS is a 15-minute interval of time.

Services include all activities that are conducted with or on behalf of the client, i.e. face-to-face and telephone encounters, appointment arrangements, referral follow-up, case conferencing, and meeting with a landlord or other providers, etc. 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 as outlined by the Contra Costa HIV/AIDS and STD Program.

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HIV/AIDS and STD Program. Documented units of service must be no less than seventy-five percent (75%) of the employee's time (one full-time FTE achieves approximately 4,680 units of service per year). The 25% remaining is adequate time for employee paid leave, training, and other non-productive 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. Assess participant HIV and financial eligibility for services and conduct client intake and needs assessment.
3. Serve only those clients who have been assessed for Ryan White eligibility and maintain active enrollment in Medical Case Management.
4. Participate in case conferencing by attending Medical and Medical Case Management Rounds and Intensive Case Conferences as scheduled.
5. Provide and document services that support individuals with AIDS or HIV to make and keep medical care appointments at least twice per year.
6. Provide culturally appropriate and respectful services to all enrolled clients.
7. Provide information, education, support, advocacy, and referral services to all enrolled clients.
8. Conduct ongoing case conferencing with other providers to ensure efficient and effective coordination of care.
9. Establish a quality management system to assess the impact that program services have on a client's health. Progress made towards achieving the quality management goals will be used by the agency to improve the planning, provision, documentation, and effectiveness of program services.
10. Train staff in HIV issues and standards for service provision.
11. Maintain accurate record-keeping and ensure accountability.
12. Document service provision in ARIES and update client status and records throughout the program year.

### **Medical Case Managers must also:**

1. Assess eligibility for, and assist enrollment in, Medi-Cal, Medicare, Covered California, ADAP, and other coverage.
2. Implement and monitor progression on the clinical treatment plan, including medication adherence.
3. Coordinate services to increase access to medical care and to decrease duplication of services, including assisting with appointment reminders and transportation assistance when needed.
4. Conduct a comprehensive assessment to gain understanding of each client's current functioning, identifying strengths, weaknesses, resources, and/or factors that impact health.
5. Develop with the client a comprehensive, individualized service plan with clearly defined needs, setting out realistic goals and objectives designed to improve health and health outcomes. Case managers must identify steps to decrease barriers, investigate and problem-solve access issues, and identify methods to motivate clients to increase self-sufficiency in the care plan.
6. Refer clients to other providers when necessary to ensure access to services which will improve or maintain client health. Follow up with clients and/or community agency providers to determine whether clients accessed referred services and to coordinate care.
7. Case conference with clinicians and other providers in group or individual settings to improve client care coordination. Comprehensive clinical case conferencing must be connected to the clinical treatment plan and be documented in ARIES by the case manager. Specifically, clinical case conferencing must include: last medical visit, most recent lab values, medication adherence, treatment plan updates, change in disease status, referral status and other details associated with the clinical treatment plan.
8. Provide risk reduction services to reduce transmission of HIV.

9. Assess the quality, continuity, and documentation of services designed to increase the number of individuals who: 1) make and keep medical appointments consistent with their care plans; 2) adhere to Highly Active Anti-Retroviral Therapy (HAART); and 3) develop self-management goals.

### **ELIGIBILITY/SUPERVISION OF PROGRAM PERSONNEL**

#### **All providers must maintain:**

1. Certification of annual tuberculosis clearance on file for all program staff who interface with PLWHA.
2. Staff who are diverse in ethnicity, culture, gender, sexual orientation, and language and have received cultural competency training.
3. Links to community-based organizations prioritizing the population groups they are serving.
4. Memorandum of Understanding (MOU) or other arrangements for interpretation services that are not provided on-site.
5. Staff with experience in the specific service category being funded.
6. Supervisory staff who are experienced in the relevant service being delivered.

### **TRAINING AND EDUCATION FOR ALL SERVICE STAFF**

#### **All staff should have at 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 to enable providers to promote HIV risk reduction activities that will halt the spread of the disease; and
3. Cultural competency training to provide appropriate services to the populations served. Gender sensitivity training or similar training focused on issues pertaining to the LGBTQ+ community is also strongly recommended.
4. HIPAA training for all employees.

Clinical supervision is required for Medical Case Management, Behavioral Health, and Substance Abuse services. Clinical supervision must include a regular review of client records as well as review of compliance with standards of care and service protocols. All clinical supervisors must meet regularly with HIV/AIDS Program staff. The clinical supervisor's role is to ensure that staff fully understand their clinical responsibilities.

- **Medical Case Management:** Degree requirements for medical case managers range from relevant work experience with undergraduate degree to a Master's or Doctoral level degree in Social Work or a related field. Supervisory licensure may include Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Physician, Registered Nurse, or other closely related degree or credentials and work experience combination.

### **PHYSICAL PLANT STANDARDS**

Services may be provided in the client's home, in the provider's office, or at another mutually acceptable private location. A process must be established to ensure the safety of program staff conducting client interfacing visits prior to the first meeting, especially when meeting where the client resides.

#### **All service locations must include:**

- a. Access to a private, confidential space for clients to meet with program staff;
- b. A facility where illegal drug use is not tolerated on site;
- c. A comfortable environment for people with HIV/AIDS; and
- d. A HIPAA-compliant, secure location for storage of client files only accessible to Ryan White Program staff.
  - i. Policies and procedures must be established and implemented for electronic security safeguards with an internal Privacy Officer designated to oversee program compliance with HIPAA Security Standards as well as training of workforce members.



In addition, all agencies providing Ryan White services must ensure the following:

- a. Compliance with Fire Regulations, Health and Safety Regulations, Building Codes, and Zoning Regulations: Buildings in which services are provided must comply with city and county non-residential fire regulations, health and safety regulations, building codes, and zoning regulations. Emergency exits, smoke detectors, etc., must be clearly visible.
- b. 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. At a minimum, the following codes and acts specify requirements related to accessibility:
  - i. 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).
  - ii. 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). Section 504 of the Rehabilitation Act of 1973, 42 USC: Applies to all programs and activities receiving federal funds.
  - iii. Architectural Barriers Act, 42 USC: Applies to most new buildings built with federal assistance.
  - iv. 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

The Contra Costa Health Services Department will reimburse the contractor for actual costs monthly. Monthly totals must not exceed 60% of the agency’s total annual budget. Administrative expenses may not exceed 10% of the award, including any federally approved indirect rate. 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.**

## VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to [Eva.Lodetti@cchealth.org](mailto:Eva.Lodetti@cchealth.org) or by downloading a copy in PDF format from the Contra Costa Health Services Department website at [HIV/AIDS & STD Program :: Public Health :: Contra Costa Health Services \(cchealth.org\)](http://HIV/AIDS & STD Program :: Public Health :: Contra Costa Health Services (cchealth.org)). 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 will not be accepted.** Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed fifteen (15) 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](mailto:Eva.Lodetti@cchealth.org), electronically time stamped no later than 6:00 pm on 2/17/23 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 to the address below by 2/17/23.



Contra Costa Public Health Department  
HIV/AIDS and STD Program  
Attn: Eva Lipke  
597 Center Ave. Suite 200  
Martinez, CA 94553

Please note:

1. Contents should be in the order outlined in the RFP 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.

## **VII. REVIEW PROCESS**

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

1. **Administrative Review:** CCHAP staff will review all submitted proposals to ensure proposals are complete and compliant to the RFP instructions and that the agency is eligible to receive federal funding. Proposals not conforming to these basic standards will be considered as not meeting the application requirements. Agencies that file incomplete proposals will be notified of their ineligibility.
2. **Review of Proposed Program:** A panel of experienced people, including individuals outside the Contra Costa Public Health Department with experience in the service category included in this RFP 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. The panel will discuss the merits and weaknesses of each proposal and finalize the rankings.
3. **County HIV/AIDS and STD Program Review:** CCHAP will review the recommendations and rationale for funding decisions and will determine the award amount. All final funding decisions will be made by CCHAP.
4. **Notification of Award:** Each agency submitting a proposal will be informed in writing of the funding decision. Final awards are subject to the federal notice of grant award.
5. **Appeals:** Applicants may appeal the process but may not appeal funding outcomes. Appeals must be submitted in writing to Contra Costa's HIV/AIDS and STD Program Director within seven (5) 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 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, 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.





**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 direct services currently provided for People Living with HIV or AIDS (PLWHA) or affected others and the length of time these services have been offered by the agency. Describe how the agency links clients to primary care services.
- d. Describe any PLWHA involvement 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 the ways in which the agency publicizes its services to its target population, including service providers within the system of care, and ensures client access to provided 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 case management, medical/social services, transportation, etc.).
- d. Describe any changes that will be made to existing service delivery to ensure the success of the proposed project.
- e. Describe how providers will assist "historically underserved" clients, including those living with mental health challenges or substance use disorders, individuals experiencing or with histories of homelessness, individuals involved in the criminal justice system, and/or those with limited work/income.
- f. 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 you intend to serve, including the geographic community area(s) and the extent of HIV/AIDS in this population.
- b. Describe and compare the demographic, social, and behavioral characteristics of your agency's target population to the HIV-positive or AIDS-diagnosed population in the region.
- c. Describe the need for services for this population, including major gaps in the provision of HIV/AIDS direct services to this population and geographic area.
- d. Explain your assessment of the service needs of Black/African American and/or Latinx men who have sex with men (MSM), women (particularly women of color), and individuals identifying injection drug use as their method of HIV transmission in your region. Identify successful strategies used by your agency to reach these populations.
- e. Describe barriers to the provision of HIV/AIDS direct services for this population within the geographic area.
  - i. 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 (UDC) and any specific characteristics. Be specific in projected numbers of clients who are Black/African American and/or Latinx men who have sex with other men (MSM), women (particularly women of color), and people who inject drugs (particularly MSM who also inject drugs). Describe how your program will ensure access to services



for these populations. *Note that the average number of clients on a Medical Case Manager's case load each year is 70.*

- c. Describe your agency's plan for quality assurance and evaluation: how will your agency evaluate program effectiveness, and how will the results of this evaluation be used to improve the provision of services?

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

- a. For each objective listed above, describe the primary steps and activities that are designed to lead to the successful accomplishment of your objectives. Make sure the plan specifies how your activities will support access to primary care and how follow up on referrals to ensure completion will be done. 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 your agency do? Where and when will these activities be conducted? Why did you select this 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.
- c. Explain how your agency will evaluate the services you provide, the service delivery system, internal monitoring, and progress towards meeting contractual objectives. Include in this explanation a description of how supervision will be provided to direct service staff, and how evaluation will be used to improve services.
- d. Describe how the agency will avoid duplication of services. Describe how the agency will maximize the use of other resources where applicable.

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

The application must include a budget detailing the cost reimbursement schedule to be utilized by the agency. Costs such as mileage to and from clinics or clients' homes and other similar charges should be assigned as program expenses, not administrative. 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.

Administrative expenses should not exceed 10% of the budget. Administrative costs should include usual and recognized overhead activities including Director's time, general supervision, payroll, audits, maintenance, and other shared program costs like agency rent, utilities, and phone. The following programmatic costs are not required to be included in the 10% limit on administrative costs and may be charged to the relevant program charges directly associated with such activities:

- Portion of fees and services for licensure of staff providing direct client services;
- Portion of staff time for data entry of contract activities;
- Portion of a receptionist's time providing direct patient services (e.g., scheduling appointments) for contract activities;
- Portion of a supervisor's time devoted to providing professional oversight for Ryan White clients; and
- Mileage to meet with a client, or provide services on behalf of the client, e.g., inspect a potential housing unit, attend rounds, attend the HIV/AIDS Consortium or OTGA Planning Council, etc.

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

The proposal must include a summary of the agency's 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, Description of Services to Be Funded) 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. If agency's Quality Assurance Plan exceeds 1 page, please provide a summary of the QA/CQI activities relevant to this proposal.

**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, and 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. **Resumés or statements of qualifications** of primary staff, consultants, or subcontractors whose positions will be 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 the resumé in the attachments. Resumés should reflect an individual's current job status. Proposals should not include resumés 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) 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/References** (Attachment G) provides contact information on contracts held with the applicant agency. Those individuals listed may 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 for which they are applying. **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 and city of residence.



- 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** including the auditor's management letter and all notes.

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 - 16 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 target 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 clear and consistent with needs of individuals with mental health or substance use issues, individuals experiencing or with history of homelessness, individuals with history of involvement in the criminal justice system, individuals with 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?

### **2. Target Population and Needs Assessment - 10 points**

- a. Does the applicant adequately describe how the agency will serve the population(s) impacted by HIV/AIDS? Are the specific needs of Black/African American and Latinx 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 to providing services to PLWHA and methods to overcome them?
- d. Does the applicant explain how and why this agency's service model is different from others serving this community?
- e. Does the applicant convincingly state the need for this program?



### 3. Proposed Program - 39 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 hours of service? Does the agency explain if and how their hours of operation are client-centered and responsive?
- 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 the agency's staff resumés 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 Ryan White Part A funds?

### 4. Financial Information - 8 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. Does the applicant's budget ensure that personnel salaries are competitive and promote an adequate standard of living in the OTGA region?
- f. Is the annualized program budget less than 60% of the agency's total annual budget?
- g. Are the Administrative Expenses at 10% or less of the total budget?
- h. Were there any financial audit findings?

### 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?

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- 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 - G) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT'S OWN COMPUTER IF DESIRED**



**Attachment A**

**CONTRA COSTA HEALTH SERVICES DEPARTMENT  
PUBLIC HEALTH DIVISION  
HIV/AIDS and STD PROGRAM**

**FUNDING APPLICATION COVER SHEET**  
*(Use one sheet for each funding source)*

**Service Category: Medical Case Management - Ryan White Part A**

**Amount Requested:** \$ \_\_\_\_\_

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

**West  
County**

**Central  
County**

**East  
County**

**Entire  
County**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Agency Website: \_\_\_\_\_

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: \_\_\_\_\_



**Attachment B**

USE THIS FORMAT WHEN COMPLETING THE PROPOSED BUDGET

Agency Name

March 1, 2023 - February 28, 2024

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. Administrative time for personnel includes general staff meetings, general supervision, etc., not related to client services. DO NOT use an indirect line for administration charges.*





**Attachment C**

**PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)**

Agency Name  
Dates of Services  
Name of Service

1. PERSONNEL

*A. Salaries*

*Housing Advocates (One 1.0 FTE, 12 months)*

\$xx,xxx

The HIV/AIDS housing advocate is responsible for providing housing-related services in order 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



**Attachment D**

**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 (FY) 2020-2021**

TOTAL FY 2020-2021 AGENCY REVENUE (ACTUAL): \_\_\_\_\_

TOTAL FY 2020-2021 AGENCY EXPENSE (ACTUAL): \_\_\_\_\_

SURPLUS/DEFICIT: \_\_\_\_\_

TOTAL FY 2020-2021 HIV/AIDS and STD PROGRAM EXPENSE (ACTUAL): \_\_\_\_\_

(This amount should not be equal to the total 2020-2021 Agency Expense)

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

\_\_\_\_\_

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**Attachment E**

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

Select the fiscal year most appropriate to your agency.

**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 2020-2021 (select a different FY if 2020-2021 is not applicable)								
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								
Mileage								
Contractual								
Total Direct Costs								
Indirect Costs								
<b>TOTAL COSTS</b>								

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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								
Mileage								
Contractual								
Total Direct Costs								
Indirect Costs								
<b>TOTAL COSTS</b>								



**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
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
<b>TOTAL REVENUE:</b>	\$ xx,xxx	\$ xx,xxx	\$ xxx,xxx	\$ xxx,xxx
<b>EXPECTED EXPENSES:</b>				
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
<b>TOTAL EXPENSES:</b>	\$ x,xxx	\$ xx,xxx	\$ xxx,xxx	\$ xxx,xxx
****Share of Federally Approved Indirect Costs:	\$ x,xxx	\$ x,xxx	\$ x,xxx	\$ xxx,xxx
<b>TOTAL EXPENSES INCLUDING DIRECT COSTS:</b>	\$ 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.

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Attachment G

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												
Gay/Lesbian/ Bisexual												
Transgender												
PLWHA*												

\* Self-disclosure of HIV status is voluntary and is not required. Please indicate whether 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.

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**Attachment H**

PAST PERFORMANCE/REFERENCES

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 and STD PROGRAM.

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