

# REQUEST FOR PROPOSALS (RFP) FOR HIV PREVENTION PROGRAMS CDC-RFA-PS18-1802

***Title:*** *Integrated HIV Surveillance and Prevention Programs for Health Departments (CFDA Number 93.940)*

***Funder:*** *National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention*




HIV/STD Prevention Program  
Bureau of Clinical Services  
Division of Population Health and Disease Prevention

Release Date: November 15, 2017  
Letter of Intent (required): December 5, 2017  
Application Due: December 29, 2017, 4:00 p.m. EST



*Catherine E. Pugh, Mayor, City of Baltimore*  
*Leana S. Wen, M.D., M.Sc., Commissioner of Health*

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## A. Introduction<sup>1</sup>

<sup>1</sup>From: The Executive Summary; Integrated HIV Surveillance and Prevention Programs for Health Departments; CDC-RFA-PS18-1802

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2018 funds for a cooperative agreement for health departments to implement an integrated HIV surveillance and prevention program. The purpose of this funding opportunity announcement (FOA) is to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. In particular, the FOA promotes and supports improving health outcomes for persons living with HIV through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. These goals are in accordance with the national prevention goals, HIV Care Continuum, and CDC's High-Impact HIV Prevention (HIP) approach. The integration of these programs allows each jurisdiction to operate in unison and maximize the impact of federal HIV prevention funding. An integrated FOA strengthens implementation of HIP by further allowing health departments to align resources to better match the geographic burden of HIV infections within their jurisdictions and improve data collection and use for public health action.

The FOA priorities are to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from persons living with HIV, and strengthen interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression. Priority activities include (but are not limited to) HIV testing; linkage to, re-engagement in, and retention in care and support achieving viral suppression; pre-exposure prophylaxis (PrEP) related activities; community-level HIV prevention activities; HIV transmission cluster investigations and outbreak response efforts. Strategies and activities include: systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response; identify persons with HIV infection and uninfected persons at risk for HIV infection; develop, maintain, and implement plans to respond to HIV transmission clusters and outbreaks; provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH); provide comprehensive HIV-related prevention services for HIV-negative persons

at risk for HIV infection; conduct perinatal HIV prevention and surveillance activities; conduct community-level HIV prevention activities; develop partnerships to conduct integrated HIV prevention and care planning; implement structural strategies to support and facilitate HIV surveillance and prevention; conduct data-driven planning, monitoring, and evaluation to continuously improve HIV programs; and build capacity for conducting effective HIV program activities, epidemiological science, and geocoding.

## *Background*

This document is provided to assist eligible organizations interested in securing funds under the Baltimore City Health Department's (BCHD's) application for funding from the CDC's PS18-1802 grant, ***Integrated HIV Surveillance and Prevention Programs for Health Departments Component A: Core Program***. The purpose of this program is to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV.

This program will also focus on populations disproportionately affected by HIV (including African Americans, Hispanics/Latinos, all races/ethnicities of gay, bisexual, and other men who have sex with men [MSM], people who inject drugs [PWID], and transgender persons), so that they know their HIV status, are linked to or re-engaged in care, and are provided with the opportunity to access integrated, patient-centered health services and supportive services such as housing, insurance, and substance use treatment. Funds will be awarded to qualified organizations that can assist the HIV/STD Prevention Program in its mission to help prevent and control the spread of HIV and STDs.

It is important to note that Baltimore has made significant progress in reducing the number of new HIV diagnoses. During the previous base year for allocating funding (2008), the number of reported new HIV diagnoses was 810. In 2016, the reported number of new HIV diagnoses had reduced to 279. This represents a 66% improvement in the number and incidence rate per 100,000 persons, with the population remaining basically stable during this period.

As of June 2016, 84% of the estimated 14,902 HIV infected adults in Baltimore City were aware of their diagnoses. Of those, 10,427 (70%) are linked to HIV care, and 7,782 (52%) retained in care, and 4,604 (31%) virally suppressed. In Maryland, the proportion of HIV diagnoses in men has

decreased from 85.2% in 1985 to 72.4% in 2015, while it has increased in women from 14.8% in 1985 to 27.6% in 2015.

While the reduction in HIV cases in Baltimore City indicates substantial gains, this also translates to a reduction in CDC funds for which the City can apply under PS18-1802, as the formula for determining funding for eligible jurisdictions is based on the burden of HIV in a given jurisdiction. The reduction will range from 19% to 27% of the amount of funds the City received under the PS12-1201 grant.

Previously, because new HIV positives were more readily identified, funding for HIV testing alone was a reasonably efficient use of funds. However as the number of cases has declined, the effectiveness of this approach has declined as well. **Therefore, for this funding cycle, this RFP calls for plans not only for HIV testing, but for a comprehensive prevention and linkage to care strategy to facilitate a patient-centered prevention system.** The BCHD HIV/STD Prevention Program system uses a continuous quality improvement process to address the HIV prevention and care continuum. We will address stigma and medical mistrust through the provision of ready access to HIV testing, care linkage and retention. We will also have a focus on HIV prevention, pre-exposure prophylaxis (PrEP), and highlight prevention through treatment.

### *Statement of Work*

The overview provided above indicates that Baltimore City continues to make progress towards achieving the National HIV/AIDS Strategy (NHAS) goals. For example, the goal of reducing the number of new diagnoses to 406 by the year 2020 has been met; the goal of increasing enrollment in care for the newly diagnosed to 85% by 2012 has increased from 62.3% in 2010 to 83.2% in 2015. However significant these gains are, it is necessary to continue to place emphasis on the programs, services, and initiatives that have contributed to these advancements, while strengthening the areas in which progress has proved challenging. These include areas such as retaining those living with HIV in medical care, viral suppression, and disparities in the rates of new diagnoses for young black gay men and black women. Based on a review of BCHD testing data over the years, emphasis should also be placed on increasing the number of persons who are aware of their status within these populations: youth between the ages of 15-29, transgender, and Latino/Hispanic.

Evidence-based HIV prevention program proposals submitted in response to this RFP must include BOTH:

(1) HIV testing, referral to PrEP and care linkage components for at least two (2) of these priority populations:

Men who have sex with men (MSM)  
African American women between the ages of 15-44  
Latinos/Hispanics  
Transgender Persons  
Youth between 13-29  
Partners of HIV positive persons

AND

(2) The organization's ability to provide HIV testing in at least two (2) of these high-prevalence zip codes in the city:

21201  
21202  
21205  
21213  
21217  
21223

Collaborations with other agencies and organizations will expand the ability of any one organization applying for this grant.

### *Eligible Applicants*

Private organizations with current not for profit status:

- Operate/provide services in Baltimore City
- Have a documented history of providing HIV testing services in Baltimore City
- Can provide evidence of ability to access priority populations and fulfill program requirements

### *Letter of Intent*

In order to be considered for funding, an organization must submit an electronic letter of intent notifying BCHD of its intent to submit a proposal by **December 5, 2017**. Letters must be signed by the organization's designated authority/lead proposal contact, and must be submitted by email to [Genevieve.barrow@baltimorecity.gov](mailto:Genevieve.barrow@baltimorecity.gov)

## *Award Range*

During this funding cycle, up to five successful proposals will be selected in amounts ranging from \$63,000-\$155,200 per year, contingent upon available funding during the 5-year funding cycle, beginning January 1, 2018. Progress reports and annual program plans must be submitted and are subject to approval for funding renewal.

**NOTE: BCHD reserves the right to negotiate awards based on project plans, documented performance, and recommended program reviews.**

## *Proposal Deadline*

Completed and signed proposals must be received by the HIV/STD Prevention Program at or before **4:00p.m. EST, Friday, December 29, 2017** in the following two forms:

- Via email and
- Hard copies- An original signed proposal along with six (6) photocopies

**No extensions will be given. Emailed proposals alone will not be considered. Both email and hard copies of the proposal must be received by the stated deadline. All components of the proposal must be included in the submitted package. Incomplete submissions will not be considered. See the Application Checklist provided in Attachment 1.**

### **Send To:**

Genevieve Barrow  
HIV/STD Prevention Program  
Baltimore City Health Department  
1001 E. Fayette St.  
Baltimore, MD 21202

**Email:** [Genevieve.barrow@baltimorecity.gov](mailto:Genevieve.barrow@baltimorecity.gov)

## *Required Assurances and Agreements*

### *Letters of Collaboration with Partnering Agencies*

BCHD strongly encourages collaboration between organizations to strengthen and broaden the reach and impact of implemented HIV prevention activities. Each proposal must include at least one letter stating collaboration with an external not for profit organization (not under the same umbrella entity organization) indicating a partnership in an area of HIV

prevention service as described in the submitted proposal. This could include: linkage to care for identified HIV positive persons, linkage to care for newly diagnosed persons, outreach/engagement for certain priority populations, care retention to facilitate viral suppression, referral for supportive services, PrEP navigation, among others.

*Assurance of Compliance with State Requirements*

All contractors must adhere to the city contract requirements and have a current certificate of good standing from the state of Maryland.

**B. General Requirements**

*Schedule*

<b>Activity</b>	<b>Scheduled Date</b>
RFP Announcement	November 15, 2017
Release RFP	November 15, 2017
Proposal Q&A	November 29, 2017
Letter of Intent (Mandatory)	December 5, 2017
Proposal Deadline 4:00 p.m. EST	December 29, 2017
Proposal Reviews	December 29, 2017-January 10, 2018
Site Visits	January, 2018
Grant Award Preliminary Notification (contingent upon CDC funding to BCHD)	January, 2018
Post Award Meeting	January 2018

*Grant Period*

1. The grant period is for one calendar year beginning January 1, 2018 and concluding on December 31, 2018, contingent upon CDC funding to BCHD. Awards are based on the notice of award from the CDC, it is possible that the January 1 start date may be adjusted; however, the conclusion date will remain the same.
2. The grant cycle for PS18-1802 is for a period of five (5) years - **January 1, 2018- December 31, 2022**. During this five-year period, BCHD intends to award funding to the same grantees, one year at a time, on a non-competitive basis provided prevention services are still being offered, CDC funding remains available, and the grantee has performed satisfactorily in the previous period.



## *Program Requirements*

Sub-grantees will be responsible for implementing protocols to enhance the overall quality assurance of intervention activities. Sub-grantees will be expected to:

- Complete the agreed upon number of tests (determined during the site visit meeting) per year.
- Provide HIV counseling, linkage to care for newly diagnosed and People Living With HIV, and referrals for Partner Services (PS).
- Ensure the provision of supplementary HIV testing for all patients with preliminary reactive rapid tests results.
- Ensure the provision of HIV test results to all persons tested especially reaching those with HIV-positive test results.
- Provide post-test prevention counseling for all persons newly diagnosed with HIV infection.
- Actively link or refer no less than 85% of newly diagnosed persons with HIV to medical care and confirm attendance to the first appointment within 30 days of diagnosis.
- Refer all patients newly diagnosed with HIV to BCHD for Partner Services (PS).
- Actively re-engage previously diagnosed patients who are currently not in medical care
- Provide testing for other sexually transmitted diseases including but not limited to: gonorrhea, chlamydia, and syphilis, as well as Hepatitis C. The Baltimore Disease Control laboratory will provide lab services for syphilis serologies sent with an HIV confirmatory specimen.
- Ensure that all HIV-positive and high-risk HIV-negative pregnant women who do not report being in prenatal care are actively linked to prenatal care.
- Screen and refer those who are identified as HIV-negative and at an increased risk for exposure or partners of HIV positive persons to Pre-exposure Prophylaxis (PrEP).
- Refer populations of greatest risk to post-exposure prophylaxis (nPEP).
- Screen and refer clients to essential support services (behavioral health, insurance assistance, housing, etc.) as needed.
- Comply with all HIV testing, reporting, and documentation requirements including timely submission of data as required by BCHD, the Maryland Department of Health (MDH), and the CDC.
- Utilize funding and/or HIV test kits for activities and/or populations within Baltimore City.
- Adhere and comply with any other requests, rules, regulations, and requirements instituted by BCHD, MDH, or CDC.

### *Special Program Requirements:*

The PROVIDER must adhere to the specific terms outlined below:

- Pursue third party insurance reimbursement for routine HIV testing in healthcare settings and report on efforts and outcomes at least annually and periodically as requested by BCHD.
- Participate in at least one annual site visit and potentially unannounced site visits as needed.
- Attend the collaborative grantee meetings as determined by BCHD.
- Require all HIV testing counselors to attend required trainings and participate in annual competencies and proficiency testing programs as required by CDC, MDH, and BCHD.
- Provide all proposed conference abstracts and publications that are related to this project to BCHD for review prior to submission and acknowledge CDC and BCHD as the project funders.
- Accept technical assistance and recommendations provided by project monitors and implement changes when required.
- Meet the following reporting requirements:
  - Submit the testing encounter/intake forms and lab reports (if applicable) within five business days from the date of the testing encounter and update accordingly;
  - Submit the fiscal reports – form 437 and 438 (expense reports/payment requests) on a quarterly basis and the end-of-year fiscal report (form 440) no later than 60 days after the end of the project period;
  - Incorporate any changes you have made or will be making to improve program effectiveness into the work plan that should be submitted with the budget and budget justification;
  - Provide a monthly inventory log report;
  - Provide a biweekly or monthly testing report. The report should include all the indicators on the “biweekly/monthly testing numbers template”;
  - For those who do not use the standard encounter/intake forms for negative results, provide a detailed monthly electronic report;
  - Provide an end-of-project progress report including the fiscal report (Form 440) within 60 days of project completion;

The end-of-project year progress report should include but not be limited to the following indicators

- Number of HIV tests administered during the reporting period;
- Number of HIV-positive persons detected and number of HIV-positive persons who did not previously know their status (new positives);
- Number of HIV-positive persons that received post-test counseling;

- Number of HIV-positive persons that were successfully linked to HIV care with confirmation of attendance at their first appointment;
- Number of previously diagnosed persons reengaged to care;
- Number of persons referred and/or linked to HIV prevention services including PrEP and nPEP;
- Number of persons referred and/or linked to essential supportive services;
- Lesson learned and progress on reimbursement efforts for routine HIV testing (where applicable);
- Lessons learned in collaborative relationships;
- Achievement of testing goals, technical assistance needed and provided.

These funds cannot and must not be used to support the following without prior written authorization from BCHD: developing grants, conducting research, and purchasing of computer hardware.

### ***Grant Administration Processes***

Invoices for reimbursement of services must be presented promptly, after the conclusion of each calendar month by the subgrantee.

Invoices will be processed and paid in accordance with BCHD and Baltimore City rules and regulations.

By December 31 of each year, the grantee will have submitted invoices for all expenses incurred in the previous year (January 1-December 31) where reimbursement is required.

### ***Assurance Statements***

#### **GENERAL TERMS AND CONDITIONS OF THE CITY OF BALTIMORE**

The BCHD shall be responsible for reimbursement of services performed under this program, pending funding availability through the CDC. Payment shall be based on signed invoices with supporting source documentation as required by BCHD. Required documentation may include receipts, records of salaries and fringe paid, performance measures, narrative progress reports, and other material as provided in the contract. Every effort will be made to make payment under the contractual agreement within thirty days of presentation of a request for payment.

BCHD reserves the right to withhold up to 10% of reimbursement for expenses pending satisfactory performance as reflected on the year-end report.

All invoices and performance reports shall be made using standard forms in **Appendix A** or as designated by BCHD.

BCHD is responsible for the proper stewardship of all grant funds and activities. The subgrantee is expected to maintain sound and effective business management systems to assure the proper stewardship of funds and activities. These systems must meet the requirements outlined by the Office of Management and Budget (OMB). Relevant information can be found in the following federal materials: (all OMB Circulars are available at <https://www.whitehouse.gov/omb/information-for-agencies/circulars> ).

For Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations: OMB Circular A-110 Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; OMB Circular A-122 Cost Principles for Non-Profit Organizations; and OMB Circular A-21 Cost Principles for Educational Institutions.

The subgrantee shall obtain an audit in accordance with the revised OMB Circular A-133 - Audits of Institutions of Higher Education and Other Non-Profit Institutions. A copy of the audit needs to be forwarded to the Fiscal Office at the BCHD. BCHD requires a "certificate of good standing" from the MD Dept. of Assessments and Taxation. The Provider shall not commence work under this Agreement until it has obtained all the insurance required under this section. Further, such insurance shall remain in force during the life of this agreement. The subgrantee shall name the Mayor and City Council of Baltimore City as additional insured on all policies.

The subgrantee, at its sole expense, shall procure and maintain during the life of this Agreement the following required insurance coverage: Professional Liability, Errors and Omissions Insurance, with annual, aggregate limits of no less than One Million Dollars (\$1,000,000), pertaining to services rendered by professionals on behalf of the subgrantee. If coverage is purchased on a "claims made" basis, the subgrantee warrants continuation of coverage, either through policy renewals or the purchase of an extended discovery period from the date of contract termination, and/or conversion from a "claims made" form to an "occurrence" coverage form Commercial General Liability Insurance at limits of not less than One Million Dollars (\$1,000,000) per occurrence for claims arising out of bodily injuries or death, and property damages. With those policies with aggregate limits, a minimum limit of Three Million Dollars (\$3,000,000) is required. This policy shall include broad form property damage if the subgrantee uses any City of Baltimore owned facility (or facilities). Such insurance shall include (a) contractual liability insurance and (b) sexual and/or physical abuse liability coverages.

Business Automobile Liability Insurance at limits of not less than One Million Dollars (\$1,000,000) per occurrence for all claims arising out of bodily injuries or death and property damages. The insurance shall apply to any owned, non-owned, leased, or hired automobiles used in the performance of this Agreement. Workers' Compensation coverage as required by the State of Maryland, as well as any similar coverage required for this work by applicable federal or "other state's" state law.

The Mayor and City Council of Baltimore, its elected/appointed officials, employees, and agents shall be covered, by endorsement, as an additional insureds as respects to: liability arising out of any activities performed by or on behalf of the subgrantee in connection with this Agreement. The subgrantee's insurance shall apply separately to each insured against whom claim is made and/or lawsuit is brought, except with respect to the limits of the insurer's liability. To the extent of the subgrantee's negligence, the subgrantee's insurance coverage shall be primary insurance as respects the City, its elected/appointed officials, employees, and agents from any liability arising out of the subgrantee's performance of the services hereunder. Any insurance and/or self-insurance maintained by the City, its elected/appointed officials, employees, or agents shall not contribute with the subgrantee's insurance or benefit the subgrantee in any way.

Coverage shall not be suspended, voided, canceled, or reduced in coverage or in limits, except by the reduction of the applicable aggregate limit by claims paid, until after forty-five (45) days prior written notice has been given to the City. There will be an exception for non-payment of premium, which is ten (10) days' notice of cancellation. Insurance is to be placed with insurers with a Best's rating of no less than A:VII, or, if not rated with Best's, with minimum surpluses the equivalent of Best's surplus size VII and said insurers must be licensed/approved to do business in the state of Maryland.

The subgrantee shall furnish to the City a "Certificate of Insurance", with a copy of the additional insured endorsement as verification that coverage is in force. The City reserves the right to require complete copies of insurance policies at any time. Failure to obtain insurance coverage as required or failure to furnish Certificate(s) of Insurance as required may render this Agreement null and void; provided however, that no act or omission of the City shall in any way limit, modify or affect the obligations of the subgrantee under any provision of this Agreement.

The subgrantee shall include all subcontractors as insureds under its policies or shall furnish separate certificates of insurance and policy endorsements for each subcontractor. Insurance coverage's provided by subcontractor as evidence of compliance with the insurance requirements of this contract shall

be subject to all of the requirements stated herein. If the subgrantee is self-insured for any of the above requirements, a certification of self-insurance shall be attached hereto and be incorporated by reference herein, and shall constitute compliance with this section. Any deductibles or self-insured retentions must be declared to an approved by the City, and shall be the sole responsibility of the subgrantee.

The subgrantee, at its sole expense, shall secure a fidelity bond to insure the City against any and all loss of funds provided hereunder due to misuse, mismanagement, and/or theft of such funds by the subgrantee, its officers, employees, agents or assigns. The amount of this bond shall be thirty-three percent (33%) of the reimbursement award provided for in this Agreement. Compliance with Tax Obligations - Prior to the execution of a contractual agreement, the subgrantee must be in compliance with federal, state and local tax requirements.

Confidentiality - all records and other identifying information shall be maintained in a secure place. The subgrantee shall follow all confidentiality practices prescribed by federal, state and local laws, ordinances, rules and regulations. The subgrantee will expressly agree that it will strictly comply with all applicable state and federal laws, regulations and policies governing the use and dissemination of criminal history.

BCHD reserves the right to withhold a minimum of 10% of the contract costs for non-compliance with program and fiscal report submission deadlines.

BCHD reserves the right to increase or decrease awards within the funding period due to failure to achieve contracted goals and objectives in a timely fashion.

The subgrantee will be required to agree to indemnify the City and will be required to abide by all applicable Local Hiring and Women/Minority Owned Business regulations and any other standard City requirements.

### ***Right of Rejection***

BCHD reserves the right, at its sole discretion, to reject any and all proposals or to cancel this RFP in its entirety.

Any proposal received which does not meet the requirements of this RFP, will be considered to be non-responsive, and will be rejected. Submitted proposals must comply with all terms of this RFP and all applicable State and City laws and regulations. BCHD may reject any proposal that does not comply with existing laws and regulations.

## C. Proposal Preparation Instructions

### *Proposal Format*

Submitted proposals are limited to **no more than 10 pages**. Work plans, budgets packets, resumes and other supporting documents can be included as attachments or appendices.

- A. Cover Page: Each applicant must complete information on the form provided in Attachment 2.
- B. Table of Contents: Each proposal must contain a table of contents. All pages, including attachments, should be numbered.
- C. Abstract: Each applicant must submit an up to 500-word Project Abstract summarizing the proposed program.
- D. Proposal Outline: Proposals submitted must follow the outline below:

1. *Agency Description/Capability Statement*

In this section, describe the agency's vision and mission; strengths and capabilities; experience in HIV program development and implementation; outreach capabilities; and fiscal and organizational soundness through its structure, staffing and accounting procedures and processes.

2. *Priority Area Description*

Describe the area to be served, priority population, community issues related to HIV/AIDS, barriers, knowledge/perceptions of the priority population, and ability and plans to reach the priority populations and areas identified.

3. *Proposed Work Plan*

Provide the program's work plan for Year 1 in a format similar to the table below.

<b>Project 5 year Goal:</b>				
EXAMPLE: #1 Short-term Outcome A For Year 1 #2 Short-term Outcome B For Year 1				
Activities	SMART Objectives	Outputs/Indicators/Data Sources	Persons Responsible	Completion Date/Timeline

**Project Goals and Objective(s):** State an overall project goal related to the program priorities as identified by this proposal. Include specific, measurable, attainable, realistic time-phased objectives to be achieved.

**Program Implementation:** Describe the organization’s evidenced based strategy for HIV Prevention. What settings will HIV testing occur? Describe plans to provide HIV counseling, testing and care linkage, provision of PrEP services, and required referrals to supportive services. Discuss plans for increasing the number of persons screened for HIV, and describe how referrals and linkages will be made.

**Collaboration(s):** Describe formalized partnerships with external not for profit organizations that will be a part of your organization’s implementation of this sub-grant. Outline roles, responsibilities, structures, non-duplication of efforts in serving the priority areas and population, and attach an MOU/LOA and letter of collaboration.

**Outcome:** Describe the anticipated project benefits to the priority population, community, and other project participants.

**Staffing Plan:** Describe the existing and proposed staff experience for implementing this proposal. State job titles and provide job descriptions for each position supported by this grant, and copies of the resumes of project staff.

**Evaluation:** The annual site visit from BCHD will be an opportunity to discuss project yields and determine if objectives are being met. In this section, please describe how the program will be monitored during implementation.

**Budget narrative/justification and completed budget form 432A-I budget packe (Appendix A)t:** Questions related to the budget should be directed to Al Russell: [al.russell@baltimorecity.gov](mailto:al.russell@baltimorecity.gov), with Genevieve Barrow



[Genevieve.barrow@baltimorecity.gov](mailto:Genevieve.barrow@baltimorecity.gov) and Glen Olthoff:  
[glen.olthoff@baltimorecity.gov](mailto:glen.olthoff@baltimorecity.gov) copied.

Proposals must include a detailed project budget, using the Form 432A-I budget packet. A budget narrative section providing supportive description and justification for each line item should also be included. All program expenses are payable on a reimbursable basis according to Baltimore City government regulations. Costs such as expenses for the purchase of office equipment, computers video equipment, etc. will not be funded and should not be included in the proposal.

***Include descriptions for each of the following budget costs:***

***Personnel:***

List all personnel whose salaries will be paid in whole or in part with funding for this proposal. For each position, provide job title, employee name, brief description of duties and responsibilities related to the project, annual salary, percentage of time to be devoted to and paid by this grant, and amount to be charged to this grant.

***Fringe Benefits***

Provide the aggregate amount of fringe benefits for personnel and include a breakdown of the benefits covered by this amount.

***Travel***

All travel must directly benefit the work supported by this grant. List all travel anticipated to occur during the grant period. Be specific about who will travel, and anticipated timeline.

***Supplies***

Detail each estimated cost, including:

Office supplies-Funds used for general office supplies for the project. Supplies include: copy paper, file folders and related items.

Note: Funds cannot be used to purchase computer hardware.

***Indirect Costs***

# Percent (# %) is the allowable indirect cost for this grant.

***Other Resources***

Provide information about current relevant sources of support for your organization.

***Additional Required Documentation***

1. CLIA Waiver (valid at least until April 2018) or evidence of submitted application and payment for the waiver
2. Maryland Certificate of Status/Good Standing

3. Certificate of Insurance Liability
4. Budget narrative and completed Form 432A-I budget packet
5. Resumes or biographical sketches of existing or proposed position/roles to carry out project responsibilities
6. Signed MOU and Letter(s) of Collaboration
7. Evidence of nonprofit status

### *Proposal Submission Instructions*

1. Submitting the Proposal  
Proposals must be submitted in both email and hard copies. An original and six (6) copies, and an emailed copy of the proposal must be received by **4:00p.m. EST, December 29, 2017**. No extensions will be given. Both electronic and hard copies must be received by the deadline.

#### **Mail to:**

Genevieve Barrow  
HIV/STD Prevention Program  
Bureau of Clinical Services  
Baltimore City Health Department  
1001 E. Fayette St.  
Baltimore, MD 21202

**Email:** [Genevieve.barrow@baltimorecity.gov](mailto:Genevieve.barrow@baltimorecity.gov)

Questions may be directed to Glen Olthoff at [glen.olthoff@baltimorecity.gov](mailto:glen.olthoff@baltimorecity.gov), or Genevieve Barrow at [Genevieve.barrow@baltimorecity.gov](mailto:Genevieve.barrow@baltimorecity.gov)

### *Review Process*

#### *Technical Review Panel*

An initial review of proposals will be conducted by program and administrative staff from the HIV/STD Prevention Program. The technical merit of proposals will be reviewed to determine if instructions were followed, eligibility requirements are fully met, and the required items included in the checklist are submitted. Incomplete proposals will be disqualified without further review. Proposals that are deemed compliant with instructions will proceed to the external review team. The following items must be received:

- Letter of Intent (Due December 5, 2017)
- Cover Page
- Table of Contents
- Program Abstract

- Agency Description/Capability Statement
- Priority Area Description
- Proposed Project Plan
- Budget Packet and Budget Narrative Justification
- Non-profit certification
- Signed Statement of Assurance
- CLIA Waiver
- Signed MOU and letter of collaboration
- Maryland Certificate of Status/Good Standing
- Certificate of Insurance Liability

***External Review Team and Evaluation Factors for Award***

The review team will be made up of professionals with expertise in HIV education, care, program implementation, and outreach work. They will review the content and written presentation of the proposal based on the following schedule:

Past Performance (history of providing HIV testing)	20%
Priority population and community description	25%
Relevance of proposed project plan	40%
Capability and collaboration to implement plan	15%

## **D. Appendices and Attachments**

Attachment 1  
Application Check List

Failure to comply with all mandatory requirements will render an application non-responsive and ineligible for further evaluation.

#	Mandatory Requirement	Met?
1	Was the application received by the time and date specified in the RFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Were one (1) original and six (6) copies of the application supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Did the applicant complete and submit all the application documents in the following order?  Component A: Copy of Submitted Letter of Intent  Component B: Cover Page  Component C: Table of Contents  Component D: Abstract  Component E: Proposal Outline  Component F: Agency Description/Capability Statement  Component G: Priority Area Description  Component H: Proposed Project Plan (including: project goals and objectives, project implementation, collaboration(s), and staffing plan, evaluation)  Component I: Budget narrative/justification and completed budget form 432A-I budget packet  Component J: Non-profit certification  Component K: Signed statement of assurance  Component L: CLIA Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Component M: Signed MOU and Letters of Collaboration</p> <p>Component N: Maryland Certificate of Good Standing</p> <p>Component O: Certificate of Insurance Liability</p> <p>Component P: Organizational chart and Résumés and/or biographical sketches of existing or proposed position/roles</p>	
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Attachment 2  
Cover Page Format

1. Name of proposed program.
2. List the name and address of the main organization and department submitting the proposal along with all collaborating organizations.
3. Name, title, telephone number, e-mail address and fax number of main grant (programmatic) contact person.
4. Name, title, telephone number, e-mail address and fax number of secondary grant (fiscal personnel) contact person.

The person who is authorized by the applicant's governing body to apply for funds must sign and date the proposal. This is the same person who will sign the contract.

APPENDIX A  
BUDGET FROM 432A-I