



**Division of Health, Wellness, and Disease Control
HIV/AIDS Prevention Intervention Section**

**HIV PREVENTION SERVICES
COMPETITIVE
REQUEST FOR PROPOSALS**

**Date of Corrected Re-Issue: August 10, 2012
Due Date: September 5, 2012**

Key Dates

Technical Assistance Meeting and Conference Call	Friday August 10, 2012	Call-in: 1.888.808.6929 Access Code: 4779383
Last date to submit clarifying questions	Monday August 13, 2012	Must be submitted In writing (mail, fax, email)
Required submission of Letter of Intent	Monday August 13, 2012	Must be submitted in writing (mail, fax, email)
Proposals due by 5:00 p.m.	Wednesday, September 5, 2012	Original + four copies

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**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention and Intervention Section
Request for Proposals
August 2012**

This RFP contains the requirements that all respondents must meet to be considered for a contract under this RFP. Failure to comply with these requirements will result in disqualification of the respondents without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with the instructions contained in this RFP. The full proposal packet and required forms may be downloaded from the MDCH website at: www.michigan.gov/hivstd.

PLEASE READ ALL MATERIAL BEFORE PREPARING THE PROPSAL

I. INTRODUCTION & BACKGROUND

The HIV/AIDS Prevention & Intervention Section (HAPIS), Division of Health, Wellness and Disease Control (DHWDC), Michigan Department of Community Health (MDCH) is issuing this competitive Request for Proposals (RFP) for HIV Prevention Services to support highly targeted and evidenced-based HIV prevention services. Through this RFP, HAPIS/DHWDC intends to support a portfolio of prevention services that will (1) address health disparities that exist among racial/ethnic and sexual minorities, and (2) have the greatest impact on reducing HIV transmission in the State of Michigan. This will be accomplished by funding programs that serve populations at greatest risk for HIV based both on behaviors and HIV prevalence as well as strategies with demonstrated ability to reduce new HIV infections. Because the communities most impacted by HIV/AIDS are also disproportionately affected by sexually transmitted diseases (STDs), hepatitis B (HBV) and hepatitis C (HCV), integration of HIV prevention services with services for the prevention and/or treatment of STD, HBV and HCV are highly desirable and strongly encouraged.

In Michigan it is estimated that 20,600 people are currently infected with HIV. As of January 1, 2012 15,753 Michigan residents were aware of their serostatus and had been reported to the MDCH (2012 Profile of HIV in Michigan, Michigan - July 2012). Prevention of new infections and the identification of the over 4,000 individuals who are HIV-infected and unaware of their status are the primary objectives of this RFP. Epidemiological data, including quarterly HIV/AIDS surveillance reports that may be useful in preparing proposals can be accessed on the MDCH website www.michigan.gov/hivstd. The *Epidemiologic Profile of HIV/AIDS in Michigan*, prepared and updated, biannually, by the MDCH can also be obtained at this URL.

Health Equity

The RFP supports efforts to improve the health of populations disproportionately affected by HIV/AIDS by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity consistent with the National HIV/AIDS Strategy (NHAS). Health disparities in HIV are inextricably linked to a complex blend of social

determinants that influence populations most severely affected by this disease. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. See Attachment I: Glossary of Terms for definitions of health disparity, social determinants of health, and health equity.

Applicants should use epidemiologic and social determinants data to identify communities disproportionately affected by HIV and related diseases and conditions within their community. Likewise, applicants should use data describing the social determinants of diseases in their coverage areas to accurately focus activities for reducing health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, applicants should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions that are tailored for the communities for which they are intended.

Social determinants of health affect disparities in HIV/AIDS, viral hepatitis, STD and TB. Studies have shown that HIV-infected persons with low literacy levels had less general knowledge of their disease and disease management and were more likely to be non-adherent to treatment than those with higher literacy (1, 2). Black men who have sex with men (MSM) at lower income levels are more likely to engage in sexual behaviors that put them at greater risk for acquiring STDs, compared to black MSM with higher income levels (3, 4). It has been found that heterosexual men and women in 23 major U.S. cities living below the poverty line were twice as likely to have HIV infection (2.4%) as those living above the poverty line (1.2%), and other social determinants of health, including homelessness, unemployment, and low education level, were independently associated with HIV infection (5). In addition, income was shown to be an important predictor of a lack of health insurance among persons with HIV and consequently may be a reason why they are less likely to receive treatment (6). Environmental factors such as housing conditions, social networks, and social support are also key drivers for infection with HIV, viral hepatitis, STDs, and TB. For example, a study among housed and homeless persons with HIV infection found that homeless persons had poorer health status, were less adherent to medication regimens, were more likely to be uninsured, and were more likely to have been hospitalized (7, 8).

Details of the health equity strategy and approach are outlined in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Social Determinants of Health White Paper (<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>).

II. AVAILABLE FUNDS

HAPIS/DHWDC expects to award grants totaling approximately \$2 million during each year of a 2 year and 9 month project period beginning January 1, 2013 and ending September 30, 2015. Awards are expected to range from \$20,000 to \$300,000. The level of funds available is reduced from previous years, due to the Centers for Disease Control new formula for funding state health departments. Funding reductions are reflected nationwide and impact most jurisdictions not just Michigan.

Initial nine-month contracts will be issued to agencies that compete successfully under this RFP.

Contracts will be renewed annually for 12-month periods throughout the remainder of the project period based on availability of funding, performance, grantee compliance with contractual obligations, ongoing responsiveness to prevention priorities, and state administrative board approval where appropriate.

III. ELIGIBLE SERVICES

This RFP consist of four (4) tracks: *Track A* – Highly Targeted HIV Counseling, Testing, and Referral; *Track B* – Comprehensive Prevention with Positives; *Track C*- Condom Distribution; *Track D*- Behavioral and Community Level Interventions for high risk HIV-negative/unknown status individuals. These components are described below.

An applicant may apply for one or more tracks. Seventy-five percent (75%) of awards will be awarded to Track A-C

Track A: Highly Targeted HIV Counseling, Testing, and Referrals (CTR)

Applicants should propose a program to implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection; support HIV testing activities in venues that reach persons with undiagnosed HIV infections; provide linkage to HIV care, treatment, and prevention services for newly diagnosed HIV infected persons or those who are currently living with HIV/AIDS.

Eligible counseling models include:

- Michigan model (as taught in Modules 1- 3)
- Personalized Cognitive Counseling (PCC)
 - Applicants proposing PCC must provide a detailed supervision plan.

Applicants who apply to provide HIV CTR *must* demonstrate the ability to link HIV infected individuals into medical care and partner services. If funded to provide CTR services, agencies will have to achieve a 1% seropositivity rate.

Track B: Comprehensive Prevention with Positives (PwP)

Applicants should propose a program that supports behavioral and/or clinical risk screening followed by risk reduction interventions for HIV-positive persons and HIV-discordant couples at risk of transmitting HIV; promote retention or re-engagement in care for HIV-positive persons and provide ongoing Partner Services (PS).

Eligible interventions include:

- Anti-Retroviral Treatment and Access to Services (ARTAS)
- Prevention Case Management (PCM)-Michigan Model
- Healthy Relationships
- Individual Level Prevention Counseling- Michigan model
- Prevention Options for Positives (POP)

Only agencies that have a documented history **and** can demonstrate prior success in providing a similarly complex intervention are eligible to apply for prevention with positives interventions.

Track C: Condom Distribution

Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection. **All applicants are required to make condoms available to clients served by their programs and report on targeted condom distribution activities.**

An applicant may choose to propose a regional or statewide Condom Distribution program.

Track D: Behavioral and Community Level Interventions for high risk HIV-negative/unknown status individuals

Part 1: Group or community level interventions for high risk individuals

Provide behavioral risk screening followed by group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV. Implement community evidence-based interventions that reduce HIV risk.

Eligible interventions include:

- Popular Opinion Leader (POL)
- Safe in the City
- Single-session skills building workshops (based on a behavior change theory)
- VOICE/VOCES
- Mpowerment

Part 2: Social Media Campaign

Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors.

Applicants can propose utilizing social media for recruitment to support activities listed above. Regional and statewide campaigns addressing testing, condom use and HIV stigma are eligible. Expenses related to social media activities are expected to be reasonable and proportionate to the proposed program.

MEASURABLE OUTCOMES

Measureable outcomes of the program(s) will be in alignment with one or more of the following performance goals(s) which reflect those outlined in National HIV/AIDS Strategy.

- Increase the portion of persons who are aware of their HIV status.
- Decrease the rate of HIV transmission by HIV-infected persons.
- Increase the portion of those who test positive for HIV infection linked into HIV care and treatment services.
- Decrease the annual HIV incidence rate in communities where HIV is most heavily concentrated.
- Decrease risky sexual and drug-using behaviors among persons at high-risk for acquiring HIV.

The following activities are **not** eligible for support under this RFP:

1. Treatment adherence
2. Hotlines or clearinghouses
3. Legal services
4. Syringe exchange programs
5. Care case management
6. School-based activities (K-12)
7. Research projects
8. Theatre troupes
9. Substance abuse treatment
10. Speaker's bureaus
11. Substance abuse prevention
12. Conduct Conferences
13. Clinical or medical care
14. Support groups
15. Psychiatric services
16. Laboratory services
17. Partner investigation/notification

PRIORITY POPULATIONS

Proposals targeting the following populations—listed in order of priority—are eligible for support under this RFP:

1. ***HIV+***: HIV-infected individuals who are at risk of transmitting HIV, or contracting STDs, HCV or HBV as a result of continued unprotected sex and/or sharing of drug use paraphernalia.

Applicants will be eligible for support only if proposed services target HIV-infected persons who have demonstrated need for prevention services. Examples of demonstrated need might include, but are not limited to, HIV-positive persons who have a history of repeat STDs or recent STD diagnosis, history of health threat to others, behavioral risks for transmission of HIV or acquisition of STDs and/or viral hepatitis. Examples of supportive documentation might include, but are not limited to, clinical records (aggregated), case management, prevention, and substance use disorder screenings and local health threat to others cases or referrals.

2. ***Men who have sex with men (MSM)***: Includes all men having sexual contact with other men, regardless of self-identification. Men who have sex with both men and women (i.e., behaviorally bisexual men) and MSM who are also inject drugs (i.e., MSM/IDU) are included in this category.
3. ***Injecting drug users (IDU)***: Includes persons who inject substances by needle into a vein, under the skin or into muscle. Substances include illegal or street drugs, legal or prescribed drugs, and hormones.
4. ***High-risk heterosexuals (HRH)***: Includes sex partners of HIV-infected persons, sex partners of IDUs and female sex partners of MSM. Also includes individuals with diagnosed sexually transmitted diseases, individuals who provide sex for money or drugs, and commercial sex workers.

Applicants are encouraged to segment eligible target populations in terms of race and ethnicity, gender, age and/or other relevant sociodemographic characteristics. Applications that seek to address racial and ethnic populations who are disproportionately impacted by HIV, or who experience a health disparity in the area of HIV infection are highly encouraged and will be given priority in funding decisions.

Only proposals that explicitly and specifically target individuals and communities at increased risk for HIV and provide clear and convincing evidence of access to them will be considered for support under this RFP.

IV. APPLICANT ELIGIBILITY

Eligible applicants include:

1. Community-based organizations (CBOs) and other non-governmental organizations (NGOs)
2. Local Health Departments (LHDs)
3. Federally recognized Indian tribes
4. Hospitals
5. Colleges/universities
6. Federally qualified health centers

Grass roots organizations that are minority based and/or serve primarily minority populations and who have experience in accessing and recruiting for services for at risk racial and ethnic minorities are strongly encouraged to apply for funding under this RFP. Organizations may submit proposals either independently or in partnership with established HIV, STD and/or other health/human service providers.

Any CBO or NGO applying under this RFP must have been certified by the Federal Internal Revenue Service (IRS) as a 501(c)(3) organizations prior to August 1, 2012. **A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals from CBOs or NGOs which are lacking documentation of tax exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

In awarding funding under this RFP, preference will be given to community-based organizations. Proposals that do not provide clear and convincing evidence of strong community ties and experience in serving the proposed target population(s) will not be selected for awards. ***Collaboration*** with other relevant service providers, groups or organizations is strongly encouraged, particularly as it relates to facilitating integration of services.

Ineligible applicants include:

1. Individuals
2. State-level government agencies
3. For-profit health/human service agencies

Local health departments are **not** eligible to apply for funding to support HIV counseling, testing and referral (CTR) or partner services (PS), but may apply for other categories of prevention or community-based services.

V. USE OF FUNDS

Funding awarded under this RFP may be used to pay for:

- Project staff salaries and associated payroll taxes and fringe
- Program administration (e.g., accounting, payroll staff)
- Local travel associated with provision of services
- Staff training/skills enhancement (e.g., registration fees, travel, materials purchase)
- Supplies and materials (e.g., educational materials, office supplies, client incentives)
- Communications (e.g., telephone, fax, postage and internet access)
- Purchase, printing or copying of educational and promotional materials
- Rent, utilities, security, maintenance, and necessary insurance
- Lease and purchase of computer equipment is an allowable expense so long as appropriately justified.

Funding awarded under this RFP may **not** be used to replace funding for an existing program or services supported with other sources of funds.

Notes about use of funds:

HIV testing costs: For agencies that propose CTR services, HAPIS/DHWDC will provide approved testing devices and will provide for laboratory services, at no additional cost to grantees. These expenses need not be included in proposed budgets. Other supplies and materials associated with HIV testing, (e.g., latex gloves, lancets, alcohol wipes, etc.) will not be provided by HAPIS/DHWDC and should be included in proposed budgets.

Clinical supervision for Prevention Case Management (PCM): For agencies that propose Prevention Case Management, applicants are required to provide clinical supervision of prevention case managers. Thus, costs associated with provision of clinical supervision may be reflected in proposed budgets.

Staff training and skills-enhancement: Applicants are expected to request resources sufficient to ensure staff involved in project delivery, including supervisors, have reasonable access to intervention trainings. Some of these intervention trainings are available only at the national level, therefore, airfare, per diem and registration fees should be requested if training at this level is required for the proposed intervention. Applicants are also expected to request resources to ensure that staff involved in project delivery, including supervisors, have access to and opportunities for ongoing professional education and skills-enhancement. This includes HAPIS-required trainings at an average of one Detroit or Lansing-based training per year.

Administrative costs: Proposed costs related to program administration, supplies and materials, communications, rent, utilities and similar expenses are expected to be reasonable and proportionate to the proposed program.

VI. PROGRAM REQUIREMENTS

A. Program Standards

Agencies awarded funding under this RFP will be required to implement HIV prevention services in accordance with program standards established by MDCH as well as state and federal policy and statutes. Standards for HIV prevention interventions are described in the “*Quality Assurance Standards for HIV Prevention Interventions*”. This document is available at

www.michigan.gov/hivstd.

B. Start-Up

Agencies awarded funding under this RFP will be expected to have programs fully staffed within three months of receipt of award. Agencies proposing programs that are essentially continuation of current HAPIS-supported programs are expected to have programs fully operational and delivering services within that time frame. For agencies proposing new programs or programs with complex program development activities, the projected start-up phase should be described in detail, including steps and timeline required to have the program fully operational and delivering services. Failure to make reasonable progress in program development may result in revocation or reduction of award.

C. Reporting

Agencies awarded funding under this RFP will be required to submit quarterly narrative reports, according to a format and guidelines established by HAPIS/DHWDC. Successful applicants will also be required to submit statistical data regularly via the *HIV Event System* (HES) and financial reports via the *Electronic Grants Administration & Management System* (EGrAMS).

In an effort to ensure efficient and timely communication with grantees, HAPIS/DHWDC relies heavily on electronic means of communication. Successful applicants must therefore assure a confidential fax machine and secure e-mail capacity for key staff, including the Executive Director and/or Program Manager.

D. Reimbursement

Grantee agencies are reimbursed on a monthly basis for expenditures incurred. Grantees will be required to prepare and submit monthly financial status reports.

E. Additional Requirements

Grantees must budget to send, at a minimum, the Project Supervisor to a mandatory grantees meeting each year of the project. We anticipate the meeting will be one-day in length. At this meeting, grantees may present their projects, network with other grantees, and receive technical assistance and contract guidance from HAPIS/DHWDC.

VII. FORMAT REQUIREMENTS

Formatting/Packaging

1. Sequentially number all pages, including attachments and appendices
2. Include a table of contents and a list of attachments for the entire package submitted
3. Do not staple or bind any of the copies submitted to HAPIS/DHWDC. (Rubber bands or binder clips are acceptable)
4. Use 8 ½" by 11" paper, only
5. Use 12 point font, only. Budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
6. Use 1" margins (top and bottom, left and right)
7. Write on single side of page, only
8. Adhere to page limits for each section of the proposal narrative as indicated in Section VIII. Page limits specified in this RFP refer to single-spaced pages.

Proposals which do not follow these guidelines may not be reviewed and will therefore be ineligible to receive funding.

VIII. PROPOSAL OUTLINE

The proposal package should follow the format described under the Format Requirements. In addition, the narrative should respond to the questions outlined below using these headings and subheadings.

PROPOSAL NARRATIVE

Part I: Agency Capacity

1. Agency Description and Qualifications (Maximum one (1) page)

This section is to describe the expertise and experience of the applicant agency in providing the proposed services.

- a. *Agency Mission:* What is the mission of the agency?
- b. *Service Provision History:* What is the agency's history and experience relevant to provision of proposed service? Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- c. *History with Target Population:* What is the agency's history and experience relevant to provision of services to target population(s)? Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- d. *Collaboration (if applicable):* If proposed programming is to be carried out through **collaboration** between two or more agencies, provide a description for each collaborating agency that includes relevant qualifications and capacity, according to the criteria listed above. Collaborative relationships must be supported with specific, detailed and current **Memoranda of Agreement**.

Required Attachments:

- 501(c)(3) certification (if applicable)
- Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity, and gender)
- Organizational chart which clearly identifies position in the organization and reporting relationships relevant to this proposal.
- Most recent independent financial audit or financial statements if audit is unavailable.
- A description of other programs within the agency and sources of support. This attachment should describe: total agency budget, by program. HIV services must be described by type of service. The form provided in Appendix B is to be used to describe other sources of support.
- Memoranda of Agreement (if proposing collaborative programming).

2. Linkage to Care (Maximum three (3) pages)

It is expected that applicants will ensure that clients have access to essential medical and supportive services as well as other relevant prevention services (e.g., STD screening and treatment), either through the direct provision of these services (i.e., through integration with HIV prevention services) or through service coordination and referral. The goal of linkage services is to ensure actualized referrals from funded prevention activities into needed infectious disease care, prevention and other related care and prevention services. Linkage activities are not basic referrals to agencies that a client might find useful. Linkage processes are specific activities performed by staff to ensure client access and utilize services. In response to the questions below, please describe how services are provided onsite and/or how they are coordinated with other service providers. In the case of service coordination, specific agencies with which coordination will occur and the nature of coordination are to be described.

- a. Programs targeted to or serving HIV-infected individuals must describe the following:**
1. How do you provide (or plan to provide) linkage services to HIV care ensuring timely access.
 2. How do you coordinate (or plan to provide) ongoing referrals to partner services (PS) with local public health agencies?
 3. How will CTR or other HIV prevention staff ensure client barriers to accessing infectious disease care will be mitigated?
 4. What is the process for follow up on client entry into medical care?
 5. What is the process for quality assurance of linkage to care activities?
- b. Programs targeting communities at sexual risk for HIV:**
- 1) How do you provide (or ensure client referral to) services for the prevention (including education, risk assessment and risk reduction), screening, and treatment of sexually transmitted diseases?
- c. Programs targeted to communities at risk through injecting drug use:**
- 1) How do you provide (or ensure client referral to) services for (1) substance use disorder treatment and viral hepatitis vaccination, screening and treatment?
- d. Other relevant linkages:** What other services does your agency provide directly –or in collaboration – that are relevant to the proposed HIV prevention program?

Note: Applications will be evaluated according to the demonstrated strength of the above integration and referral mechanisms. Agencies able to demonstrate either on-site, integrated service delivery or those who have operationally integrated service delivery and linkages with other sites for relevant services will receive a more favorable evaluation.

Optional Attachments:

- Memoranda of Agreement

3. Condom Distribution (Maximum (1) page)

As part of an overall comprehensive HIV prevention approach, all funded agencies will provide condoms free of charge to HIV infected clients and individuals at high risk for HIV infection. Provide detailed information for the following:

1. Where will you distribute condoms?
2. How will you target high risk individuals and venues frequented by high risk individuals?
3. What methods will you use to collect and report data specific to your CD activities

If an applicant is proposing a statewide or regional program, you must provide a program plan that details your proposed program (See Part II).

4. Application of Data (Maximum one (1) page)

Application of Data: What kinds of program data do you collect and how do you apply findings from these data to program improvement and redirection? Please include at least one specific example of how you have applied data to improve or redirect a program.

Note: Successful applicants will be required to submit process data regularly via the HIV Event System (HES).

Optional Attachments:

- ❑ Quality assurance protocol
- ❑ Client satisfaction surveys

Part II. Program Plan (Maximum eight (8) pages per target population)

In this document, a program plan refers to the intervention – or set of interventions – that is intended to serve one of the four eligible populations (HIV+, MSM, IDU, and HRH) included in the funding proposal. For each population the applicant proposes to serve, the applicant must address the following three sections of the Program Plan: (1) statement of need; (2) proposed intervention(s), and (3) service delivery plan. In addition, the agency must complete budget requirements for each program plan. If the applicant proposes to segment populations according to sociodemographic characteristics such as race and ethnicity and provide interventions targeted to each segmented population, (e.g., different interventions for the sub-populations of African American MSM and white MSM), then a separate Program Plan and budget materials must be included for each sub-population. Your proposal Table of Contents should clearly indicate the page number upon which the Program Plan for each target population begins.

<u>Sample Program Plan Outline:</u>	
<u>Target population 1:</u>	African American HIV+ Women
<u>Proposed Intervention Model/Format(s):</u>	Model: Healthy Relationships Format(s): Multi-session skills building
1. Statement of Need	
2. Proposed Intervention(s)	
3. Service Delivery Plan	
<u>Target population 2:</u>	African American MSM
<u>Proposed Intervention Model/Format(s):</u>	Model: POP Format(s): Multi-session skills building

1. Statement of Need
2. Proposed Intervention(s)
3. Service Delivery Plan

A. Statement of Need. This section of the proposal should include detailed information about the target population and the unmet needs for HIV prevention services. Applicants must use citations for data used in this section.

1. Statement of Need

- a. *Target population:* What population do you plan to serve? Describe the proposed target population, at minimum, in terms of the populations eligible for support under this RFP (see Eligible Services). Segmentation in terms relevant demographic characteristics, particularly race/ethnicity is strongly encouraged. Description of applicable *situational factors* is also encouraged.
- b. *Population Prevention Needs:* What are the proposed population's specific HIV-prevention needs that your program will address? Proposals should identify the specific behaviors that put individuals at risk and articulate needs according to the following five categories: knowledge, skills, persuasion, access and supportive norms.

Applicants should provide support for identified HIV prevention needs, preferably through the use of local or agency data. Use of national level data to describe and document needs is not requested and its use is discouraged for the purpose of this RFP. In addition, although applicants may refer to information from the Statewide Epidemiological Profile, Statewide Needs Assessments or Statewide Prevention Plan in this section, it is not necessary to restate this information in detail.

- c. *Local Needs Assessment Processes:* What methods did you use to assess target population prevention needs and obtain target population input in the development of the proposed program? What processes and data did the agency use to assess these needs? Applicants should describe the specific methods used, including the number of participants included in each methodology.
- d. *Gaps in Service:* What other programs currently address the identified needs of the proposed target population in your community? How does the proposed program address gaps in service or complement existing services?

2. Proposed Intervention(s)

- a. Name of proposed intervention.
- b. *Adaptation:* If adapting interventions, describe why are you making that adaptation and how have you assessed its appropriateness? Adaptation includes any significant change in content or delivery of the intervention and/or providing the intervention to a target population different (in terms of race/ethnicity, age, geography, or sex) than the population for whom the intervention was originally designed.
- c. *Outcomes:* What are the expected outcomes of the project (e.g., increase knowledge of HIV serostatus, increase intention to use condoms).
- d. *Intervention Matching:* How do the proposed intervention outcomes (described in

- 2.c. above) match with the identified prevention needs (described in 1.b. above)? If the expected outcomes do not fully align with the identified needs, provide a rationale.
- e. *Acceptability to Target Population:* How have you assessed whether the proposed intervention is acceptable to and appropriate for the target population? Responses should address relevant intervention components such as acceptability and appropriateness of service delivery method (group or individual level), content, facilitator/provider, length, location of services, etc.

3. Service Delivery Plan

- a. *Geographic Service Area:* What are the specific geographical service area(s) to be served, and why was/were the area(s) chosen?

Applicants can propose to serve a county, a region or the entire state. If proposing regional or statewide service provision, list what percent of services will be conducted in each city or county.

- b. *Venues:* What are the specific venues and locations where services will be provided? Provide evidence of support for access to such venues/locations (e.g., Letter of Commitment from a bar owner, Memoranda of Agreement from a community center).
- c. *Recruitment:* What strategies will you use to recruit clients into the intervention? Describe how and from where clients will be recruited, including venue-based or electronic outreach, internal or external referrals or other program promotion strategies. If community partners will be instrumental in reaching the target population, their role should be clearly stated, and letters of commitment from these partners should be included as attachments.

Note: Recruitment strategies for services for HRH must address the link to the HRH definition (e.g., recruitment of HRH based on STD history, etc.). See Glossary for HRH definition.

- d. *Screening:* What methods will be used to screen potential clients to ensure they are at risk for transmitting or acquiring HIV? Describe how clients will be screened to ensure that they are at risk for transmitting/acquiring HIV. Screening tools should be included as attachments.

Note: For questions 3.a. – 3.d. applications will be evaluated according to the level of specificity and supporting evidence used to develop their service delivery plan. Agencies that describe and provide support for specific locations, venues and methods will receive higher scores.

- e. *Client Retention:* For multi-session interventions, describe strategies that will be used to ensure client retention across the intervention cycle. If the applicant has relevant past experience, describe applicant success in retaining clients across multiple sessions.
- f. *Cultural Competence:* What strategies will be used to ensure the cultural, linguistic

and developmental competence of interventions and materials?

- g. *Start Up Period:*** When do you expect to begin providing services to clients? As stated above, agencies awarded funding under this RFP will be expected to have programs staffed within three months of receipt of award. Programs that are essentially a continuation of current HAPIS-supported programs are expected to have programs fully operational and delivering services within that time frame. If the proposed program is new to your agency or includes complex development activities (e.g., curriculum development or a community identification process), describe the steps and timeline required to have the program fully operational and delivering services to clients.
- h. *Process Objectives:*** State one or more specific, measurable process objectives related to providing the proposed services for each of the three years of the project period. The first year of the contract will be nine months (January 1, 2013 – September 30, 2013). Objectives for year 1 should indicate when you anticipate service delivery will start; objectives for the second and third year should be based on twelve months of service delivery. Objectives should specify both the number of “events” proposed as well as the anticipated number of target population members participating in such “events.” (Guidelines on writing SMART process and outcome objectives are available at www.michigan.gov/hivstd).

Required Attachments:

- Staffing Plan. For each staff position associated with the proposed program (regardless of source of funding), provide the title, name, amount of time (FTE), a brief description of responsibilities, qualifications and credentials of the staff who will deliver the intervention(s), and a description of the training that will be required under the grant. If specific staff has not yet been hired, describe the amount of time (FTE) required, qualifications sought, and recruitment plan for the position(s). Lines of supervision (i.e., who each person supervises and by whom they are supervised) must be described. Support of supervisory and administrative staff is allowable provided that such expenditures are reasonable and proportionate to the proposed program.
- List of references and source documents.

Optional Attachments:

- Letters of Commitment
- Memoranda of Agreement
- Risk Assessment/screening tool(s)
- Promotional materials

Part III: Budget Summary, Budget Detail, and Budget Narrative, by Target Population

(No page limit)

Budget Summary. Applicants are to complete one Budget Summary (use Form F-1) that reflects the total agency request for funding , by target population (forms and instructions - *Appendix E*).

Budget Detail. Applicants are to prepare detailed budgets (use Form F-2, “Budget Detail by Target Population”) for **each proposed target population**. Within the budget for each target population, detailed budgets must be developed for each intervention model (e.g., ARTAS) proposed, or for each intervention format (e.g., CTR), if there is no specific model name associated with the intervention. Complete one form for each target population. (forms and instructions - *Appendix E*).

Budget Narrative. Applicants are to develop a single budget narrative for the proposal. Provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative. (Instructions for Preparing of Budget Narrative Justifications are found in *Appendix E*).

The budget summary, detail and narrative documents that accompany the proposal should reflect a 12 month period (i.e., an annualized budget). DHWDC will work with successful applicants to pro-rate awards to reflect the initial nine month contract year.

Note: *For your convenience, budget forms F-1 and F-2 are available electronically in Word and Excel formats at www.michigan.gov/hivstd.*

IX. REVIEW AND EVALUATION OF PROPOSALS

Proposals submitted in response to this RFP will undergo a Technical Review by HAPIS/DHWDC. **Applicants who fail to include all required elements of the proposal package, as described on the Proposal Checklist (Appendix G) will be ineligible to receive funding under this RFP.**

Proposals submitted in response to this RFP will then be reviewed and evaluated by MDCH staff and external expert reviewers. Reviewers will be required to disclose any potential conflict of interest, and reviewer assignments will be made in light of this information. All proposals will be evaluated and scored by reviewers according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component of the proposal will receive in the review process is described below.

Section I Agency Capacity

- Agency Description and Qualifications 5%
- Linkage to Care 15%
- Condom Distribution 10%
- Application of Data 10%
-

Section II Program Plan

- Statement of Need 20%
- Proposed Intervention 15%
- Service Delivery Plan 25%

Section III: Program Budget

- Budget Forms and Narrative Not Scored

Proposals scoring below the median of all scored proposals may not be considered for funding. Agencies may be scheduled for a pre-decisional site visits to answer additional questions from a Review Panel. Site visits are expected to be conducted September 2012 (final dates to be determined). A pre-decisional site visit by MDCH for an agency to present orally should not be considered a guarantee of award, nor does the lack of a request for a pre-decisional site visit indicate that an agency will not receive an award. Decisions regarding who receives a pre-decisional site visit are at the discretion of HAPIS/DHWDC.

HAPIS/DHWDC reserves the right to consider criteria in addition to expert reviewer(s) scores in making final decisions regarding programming and award levels. Other criteria which HAPIS/DHWDC may consider include, but are not limited to: resource availability, gaps in services (according to population, intervention or geographic coverage), agency capacity, past performance of the applicant in State contracts (e.g., progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities. HAPIS/DHWDC has final authority for decisions related to allocation of resources made available through this RFP.

If multiple interventions and/or target audiences have been proposed, HAPIS/DHWDC reserves the right to determine the relative proportion of the overall award devoted to specific interventions or target groups.

X. TECHNICAL ASSISTANCE

HAPIS/DHWDC will convene a technical assistance meeting for prospective applicants. The TA meeting will be held on Friday, **August 10, 2012**. Applicant may attend in person or call in. To ensure that adequate space and phone lines are available for callers, interested parties are being asked to fax the registration form (*Appendix F*) to 313-456-4427 ATTN: 2012 HIV Prevention RFP by August 8, 2012.

Questions submitted in writing by **August 8, 2012**, will be addressed on the call. Final questions and requests for clarification must be submitted in writing by **August 13, 2012**. HAPIS/DHWDC will prepare written responses to all questions and distribute them to applicants who have submitted a letter of intent and will post to MDCH website at www.michigan.gov/hivstd.

Questions and requests for clarification of the requirements of this RFP must be submitted in writing and will be accepted via US mail, fax, or email. HAPIS/DHWDC will not respond to questions that have not been submitted in writing and by the specified deadline. Address questions to:

- ❑ Mail: HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 Michigan Avenue 10th Floor
Lansing, Michigan 48913

- Fax: (313) 456-4427
 - Attn: 2012 HIV Prevention RFP
- Email: Jeris Thorpe at ThorpeJ1@michigan.gov
 - Subject line should read ‘2012 HIV Prevention RFP-Questions’

Please note that applicants are not required to participate in the technical assistance meeting or call in to apply for funding under this RFP. Agencies that choose to participate in the TA meeting are not obligated to submit a proposal.

XI. LETTERS OF INTENT

Applicants **are required** to submit a Letter of Intent (LOI) (*Appendix C*) by 5:00 p.m. Eastern Standard Time (EST) on **August 13, 2012**. Forms received after 5:00 p.m. EST will not be accepted. Forms can be submitted by US mail or electronically to Jeris Thorpe at ThorpeJ1@michigan.gov Subject line should read “2012 Prevention RFP LOI”

US Mail or express carrier (e.g., Fed Ex, UPS etc.) addressed to:
 HIV/AIDS Prevention & Intervention Section
 Division of Health, Wellness, and Disease Control
 109 Michigan Avenue 10th Floor
 Lansing, Michigan 48913
 Attn: 2012 HIV Prevention RFP

Agencies who do not submit an “Intent to Apply” form are **not** eligible to apply; however, there is no penalty for submitting a form and later deciding not to make a full application. Letters of intent are non-binding but will be used by MDCH to adequately prepare for the review of submitted proposals. HAPIS/DHWDC requests that agencies that submit a “Letter of Intent” form but decide not to submit a full application, inform HAPIS/DHWDC of this decision in writing prior to or by the deadline for submission of proposals.

Proposals will not be accepted from agencies that have not submitted an “Intent to Apply” form by the required deadline.

XII. SUBMISSION OF PROPOSALS

Proposal packages must be RECEIVED by **5:00 p.m. Eastern Standard Time, on Wednesday, September 5, 2012**. **LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED**. No extensions will be granted. Faxed or e-mailed proposals WILL NOT be accepted.

Applicants are required to submit the signed original and 4 complete copies of the proposal package. Submit proposals to:
 HIV/AIDS Prevention & Intervention Section
 Division of Health, Wellness, and Disease Control
 109 Michigan Avenue 10th Floor
 Lansing, MI 48913

Attn: 2012 HIV Prevention RFP

*If a phone number is required for delivery, utilize (517) 241-5900

Please note: HAPIS/DHWDC is located in downtown Lansing, near the Capital. Parking can be challenging. Applicants are highly encouraged to use express carriers (e.g., Fed Ex, UPS etc.) to guarantee on-time delivery of proposals. If applications are submitted via the US Postal Service or express carriers, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If HAPIS/DHWDC receives the submission after closing due to carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, the applicant will be given the opportunity to submit the documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HAPIS/DHWDC will consider the submission as having been received by the deadline.

XIII. NOTICE OF AWARD

Notices of Award are expected to be made the week of **October 15, 2012**.

XIV. LIST OF APPENDICES

- A. Glossary of Key Terms
- B. Agency Budget Information Sample and Template
- C. Letter of Intent to Apply Form
- D. Proposal Cover Sheet
- E. Instructions for Preparation of Budget Narrative Justification
- F. Budget Summary and Detail by Target Population Forms
- G. Registration Form for August 10th Technical Assistance Conference
- H. Proposal Checklist

REFERENCES

1. Waite KR, Paasche-Orlow M, Rintamaki LS, Davis TC, Wolf MS. Literacy, social stigma, and HIV Medication Adherence. *J Gen Intern Med* 2008; 23:1367-1372.
2. Osborn CY, Paasche-Orlow M, Rintamaki LS, Davis TC, Wolf MS. Health literacy: An overlooked factor in understanding HIV health disparities. *Am J Prev Med* 2007 33:374-378.
3. Peterson JL, Coates TJ, Catania JA, Middleton L, Hilliard B, Hearst N. High-risk sexual behavior and condom use among gay and bisexual African-American men. *Am J Public Health* 1996;82:1490-1494.
4. Mays VM and Cochran SD. High risk HIV-related sexual behaviors in a national sample of U.S. black gay and bisexual men. Abstract WS-C07-2. IX International Conference on AIDS. Berlin, Germany, June 6-11,1993.
5. Denning P, DiNenno E. Communities in crisis: Is there a generalized HIV epidemic in impoverished urban areas of the United States? Abstract WEPDD101. *XVIII International AIDS Conference*, Vienna, Austria, July 18-23, 2010.
6. Diaz T, Chu SY, Conti L, Nahlen BL, Whyte B, et al. Health insurance among persons with AIDS: Results from a multistate surveillance project. *Am J Public Health*;1994;84:1015-1018.
7. Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV. Health status, health care use, medication use, and medication adherence among homeless and housed people living with HIV/AIDS. *Am J Public Health*. 2007; 97:2238-2245.
8. Marks SM, Taylor Z, Ríos Burrows N, Qayad M, Miller B. Hospitalization of homeless persons with tuberculosis. *Am J Public Health*. 2000; 90(3):435-438.

GLOSSARY OF TERMS

Adaptation: Making any significant change in the content or delivery of an intervention and/or providing the intervention to a target population different (in terms of race/ethnicity, age, geography, sex, etc.) than the population for whom the intervention was originally developed.

Anti-Retroviral Treatment and Access to Services (ARTAS): is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result.

Collaboration: A formal arrangement between two or more agencies for provision of services. Collaboration involves sharing of resources (i.e., staff, funding, materials, etc.) for the provision of service and is supported by a Memorandum of Agreement.

Community Level Interventions: Interventions that seek to change the attitudes, norms, and behaviors of entire communities. These approaches recognize that local values, norms, and behavior patterns have a significant effect on shaping an individual's attitudes and behaviors. Community level interventions may include several components. For example, the MPowerment intervention includes formal & informal outreach, skills building workshops, and small media campaigns.

Coordination: An arrangement between two or more agencies related to provision of a continuum of services to address client needs. Coordination does not involve direct sharing of resources for provision of service.

Counseling, Testing and Referral (CTR): CTR refers to HIV antibody testing and prevention counseling and referral services provided in the context of HIV antibody testing.

Direct Prevention Services: Direct prevention services are those provided to persons who are at increased risk for acquisition or transmission of HIV.

EGrAMS: Electronic Grants Administration & Management System

Evaluation: “The process of determining whether programs—or certain aspects of programs—are appropriate, adequate, effective, and efficient.”¹

Format: Term used to indicate the general type of service that is provided to the client (e.g. CTR, skills building workshop). Formats eligible for funding under this RFP are listed in Section III *Eligible Services* of this document.

Health Communications: Use of communication strategies to inform and influence individual and community decisions that enhance health. Effective strategies combine theories, frameworks

¹ CDC/ASPH, Steps to Success in Community-Based HIV/AIDS Prevention: Module 3, 109.

and approaches from behavioral sciences, communication, social marketing and health education.

Health Disparity: A particular type of health difference that is closely linked with social or economic disadvantage.

Health Equity: (US Department of Health and Human Services [DHHS] definition). The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Inequity: Differences or disparity in health outcomes that is systematic, unfair, and about which you can do something.

HBV: Hepatitis B Infection

HCV: Hepatitis C Infection.

High Risk Heterosexual (HRH): High-risk heterosexuals are those individuals who are at increased risk for becoming infected with HIV by virtue of opposite-gender sexual contact. This includes:

- (a) Female sex partners of MSM;
- (b) Sex partners of injecting drug users;
- (c) Sex partners of HIV+ persons;
- (d) Individuals with an STD;
- (e) Individuals who provide sex for drugs/money;
- (f) Commercial sex worker.

HIV Event System (HES): A web-based data management system.

Individual Level Prevention Counseling (ILPC): Health education and risk-reduction counseling provided to one individual at a time. The focus of this intervention is to assess risk reduction needs of clients and assist them in making plans for individual behavior change. This intervention should also assist clients in obtaining access to other prevention services in clinical and community settings (e.g., referrals). ILPC is a distinct and separate intervention from Prevention Case Management.

Injecting Drug User (IDU): Injecting drug users are individuals who inject drugs by needle directly into a vein, under the skin, or into muscle.

Intervention: A specific activity intended to promote or sustain risk reduction in a target population.

Letters of Commitment (LOC): Documents a commitment made by one agency or organization to assist another with provision of services. Assistance may include allowing access to populations and/or venues or promotion of activities. The LOC should specify the specific nature of the commitment being made by the submitting agency or organization.

Letter of Support (LOS): Serves as an “endorsement” of a proposed service or activity. The LOS confirms the need and appropriateness of the proposed service and the capacity of the agency submitting the proposal to carry out intended services.

Linkage to HIV Care: A person is considered *linked to care* if they see a medical provider within 3 months and before a maximum of 6 months following receiving a positive HIV diagnosis. Medical care includes a full medical evaluation, CD4 count and viral load count tests.

Memorandum of Agreement (MOA): A Memorandum of Agreement documents the nature and scope of *collaboration* between two agencies. The MOA should specify objectives and activities related to the *collaboration*, a staffing plan and a *collaboration* management plan.

Men who have sex with Men (MSM): Men who have sex with men, regardless of self-identification. May include men who self-identify as gay and men who are behaviorally bisexual.

Model: This label identifies the specific curriculum or intervention protocol associated with a particular intervention. Evidenced-based interventions (EBIs) that have been proven effective and are packaged for replication are known by their “Model” name (e.g., *SISTA*, *Many Men*, *Many Voices*).

Partner Services (PS): HIV Partner Services Program, is a program offered through local health departments (LHDs) that support people living with HIV and/or sexually transmitted diseases (STDs) in notifying sexual and/or needle-sharing partners of possible exposure. HIV Partner Services are always voluntary, client-centered, and confidential for both the person living with HIV and their partner(s).

Needs: In the context of HIV prevention, a need refers to a psychosocial or environmental factor which influences an individual’s behavior. Needs are sometimes referred to as determinants of risk.

Outcome Objectives: Outcome objectives are specific statements of the intended effect of an intervention. They are phrased in terms of changes to knowledge, attitudes and behavior.

Outreach: Outreach is a brief intervention conducted one-on-one with individuals at increased risk for HIV, in settings where they socialize or congregate for the primary purpose of recruitment of individuals into HIV prevention and related services.

Prevention Case Management (PCM)-Michigan Model: Prevention Case Management is an intensive and ongoing individual level intervention targeting clients with multiple, complex problems and risk reduction needs. PCM is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition or transmission. PCM provides intensive individualized prevention counseling, support, and referral services. PCM is a distinct and separate intervention from Individual Level Prevention Counseling.

Primary Prevention Services: Primary prevention services are those that are intended to reduce the risk for acquisition or transmission of HIV. Primary prevention services can target HIV uninfected persons and those of unknown status (prevention of acquisition) or HIV infected persons (prevention of transmission).

Process Objectives: Process objectives focus on the project amount, frequency, duration, and the number of people to be served through a particular intervention.

Program: A program is a related set of HIV prevention interventions serving a particular population.

Quality Assurance: A planned and systematic set of activities designed to ensure that requirements are clearly established, standards and procedures are adhered to, and the work products fulfill requirements or expectations².

Recruitment: The means by which clients are brought into an intervention. Recruitment can be conducted via multiple methods such as outreach (venue- or electronic-based), internal and external referrals, and targeted program promotion efforts delivered independently (e.g., program promotion materials such as flyers) or in conjunction with other activities (e.g., provision of HIV 101 group sessions to promote HIV CTR). Recruitment strategies can be conducted by agency or partner agency staff, volunteers or peers.

Referral: In the context of HIV prevention and counseling, referral is the process through which an individual's immediate needs for care, prevention and supportive services are assessed and prioritized. Clients are provided with assistance (e.g., setting up appointments, providing transportation) in accessing referral services. Referral also includes reasonable follow-up efforts necessary to facilitate initial contact with prevention care and psychosocial services and to solicit clients' feedback on satisfaction with services.

Situational Factors: Relevant circumstances or issues (e.g., chronic mental illness, homelessness, incarceration) *as applies to a client's current situation* that may influence his or her HIV-related risk.

Skills-Building Workshops. The focus of this intervention is on helping participants develop or enhance specific skills to engage in risk reducing practices and must include client demonstration of skills. The expectation in this intervention is that all participants will participate in skills-building activities and demonstrate attainment of these skills.

² MDCH/HAPIS. *Quality Assurance of HIV Prevention Counseling: A Toolbox*, section 1.1.

APPENDIX B

**TOTAL AGENCY BUDGET
- SAMPLE -**

Agency: *Acme Prevention Services*

Description of Service	Expected Budget 2013	Source of Revenue	Period of Award
Non HIV Services			
Family planning	450,000	Foundation	Jan 2011 – Dec 2014
Reproductive health	75,000	MDCH	Oct 2011– Sep 2013
Total Non-HIV Services	525,000		
HIV Services			
HIV CTR to MSM	100,000	CDC (75,000)	July 2011– June 2014
HIV Case Management	400,000	Detroit HD (Part A)	Oct 2012- Sept 2013
Total HIV Services	340,000		
TOTAL AGENCY BUDGET	865,000		

**TOTAL AGENCY BUDGET
- TEMPLATE -**

Agency:

Description of Service	Expected Budget 2013	Source of Revenue	Period of Award
Non-HIV Services			
Total Non-HIV Services			
HIV Services			
Total HIV Services			
TOTAL AGENCY BUDGET			

**HIV PREVENTION SERVICES RFP
Letter of Intent (LOI)**

Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact Person _____ Title _____

Email _____

Type of Agency: (check one, only)

Not-for-profit 501(c)(3) Local Health Department Other _____

The following information is requested to assist in matching reviewers to applications. HAPIS/DHWDC understands that it is preliminary and as such, **it is non-binding.**

Target Population (Risk/Race/Gender)	Proposed Intervention Model(s)	Proposed Intervention Format(s)
<i>SAMPLE:</i> African American MSM	CTR and Many Men, Many Voices	CTR and multi-session skills building

Service area - please identify the primary communities, by county, to be served by your program.

Estimated Funding Request: \$ _____

Signature of Authorized Representative

Date

Please Print Name and Title

**HIV PREVENTION SERVICES RFP
PROPOSAL COVER SHEET**

Agency

Address

City

State

Zip Code

Phone

Fax

Email (contact person)

Contact Person

Title

Type of Agency: (check one, only)

Not-for-profit 501(c)(3) Local Health Department Other _____

Target Population (Risk/Race/Gender)	Proposed Intervention Model(s)	Proposed Intervention Format(s)
<i>SAMPLE:</i> African American MSM	CTR and Many Men, Many Voices	CTR and multi-session skills building

Service area - please identify the primary communities to be served by your program.

Funding Request: \$ _____

Signature, Chairperson, Board of Directors

Date

Typed Name and Title

Signature of Authorized Representative

Date

Please Print Name and Title

Instructions for Preparation of Budget Narrative Justification

The proposal is to be accompanied by a budget and associated budget narrative for a **one year period**. For agencies that compete successfully under this RFP, an eight-month budget will be negotiated. Contracts will then be subject to renewal annually for the remainder of the project period. This appendix details information required in the budget narrative justification. In the budget narrative justification applicants are expected to justify the total cost of the program. You are to provide one narrative, only. This narrative should address costs across all of the population-specific budgets. Allocation of staff, fringe and other items across multiple populations and or models should be described. The budget narrative justification must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

Salaries and Wages (personnel): For each staff position associated with the program, provide their name (if known), title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed program objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed program. The timeline for recruiting for vacant positions should be specified.

Funding obtained under this RFP can be used to support the salaries and associated fringe for staff providing administrative support or program oversight provided that proposed costs are reasonable and proportionate to the program. These costs should be described, as appropriate, under “Salaries/Wages” and “Taxes/Fringe Benefits”.

Taxes and Fringe Benefits: Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).

Travel: Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. International travel cannot be supported with funding awarded under this RFP.

Agencies are required to plan for and budget travel expenses for the following (at a minimum):

- New staff training (i.e., CTR Certification Training, Outreach Certification Training)
- Annual grantees meeting (2 staff)
- Up to four days of mandatory Capacity Development training (minimum 2 staff)

Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Interventions requiring staff training through the CDC DEBI Program may require out of state travel. Applicants should budget for such travel. Information regarding intervention trainings, including the duration of trainings can be obtained at: www.effectiveinterventions.org.

Supplies and Materials: Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed program. Risk reduction supplies and educational materials (e.g., condoms, educational brochures) must be separated from general office supplies (e.g., paper, pens). Client incentives must be described separately. Risk reduction supplies should be reasonable, appropriate to the proposed services and proportionate to the proposed program. General office supplies must be reasonable and proportionate to program.

Equipment costing less than \$5,000 should be described in this category. If purchase of equipment is proposed, the cost of each piece of equipment must be described. Proposed expenditures for purchase of equipment must be essential and proportionate to the proposed programming.

Notes: 1) HAPIS strongly discourages the use of cash incentives. 2) Needles and syringes cannot be purchased with funding obtained under this RFP.

Contractual: Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. Contracts with *individuals* should be included in the “*Consultant Services*” category.

Equipment: Funding obtained under this RFP **cannot** be used to support the purchase of equipment costing over \$5,000. Costs for equipment costing less than \$5,000 (e.g. facsimile machine, computers) are to be included in the Supplies and Materials category.

Communications: Describe monthly costs associated with the following:

- Telephone and fax
- Internet service
- Teleconferencing
- Postage/mailing

Printing and copying: Describe costs associated with reproduction of educational and promotional materials (pamphlets, posters, etc.). Provide detail regarding the proposed cost per item and the expected number of items to be printed. Do not include copying costs associated with routine office activities.

Overhead and Operational Costs: Include items such as rent, utilities, leases on office equipment, maintenance, security, fiduciary fees and insurance in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or renovation of property are not allowable costs under this RFP.

Consultant Services: Provide the name (if known), scope of service, method of payment (i.e., hourly or by project) and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultants for specified services. Travel and other costs of these consultants are to be included in this category and justified.

Other Expenses - This category includes all other allowable costs not included in above categories.

Indirect Costs - Indirect costs can only be requested by entities with a Federally Approved Indirect Cost Rate Agreement. If indirect costs are requested, documentation of the federally approved indirect rate must be provided with the proposal. No indirect cost rate above 10% will be accepted. Applicants may request either indirect costs or detail these costs under “Salaries and Wages” and “Operational and Overhead”, but not both.

BUDGET SUMMARY PAGE

Form F-1

Agency Name: _____

Page 1 of _____

Population/Audience Name (specify)→ BUDGET CATEGORY	Pop 1	Pop 2	Pop 3	Pop 4	Pop 5	TOTAL BUDGET
Salaries & Wages						
Taxes/Fringe						
Travel						
Supplies & Materials						
Contractual Services						
Communications						
Overhead & Operational						
Other						
Total Direct Costs						
Indirect						
TOTAL						

Target Population (specify):						page 2 of
Model or Format Name (specify):						TOTAL
BUDGET CATEGORY						
						0
						0
						0
						0
Sub-total	0	0	0	0	0	0
Taxes/Fringe (___%)						0
Sub-total	0	0	0	0	0	0
Travel						
Local Travel						0
Skills-Enhancement						0
						0
Sub-total	0	0	0	0	0	0
Supplies & Materials						
Risk reduction supplies						0
Educational materials						0
Client incentives						0
Promotional materials						0
General office supplies						0
						0
Sub-total	0	0	0	0	0	0
Contractual Services						
						0
						0
Sub-total	0	0	0	0	0	0
Communications						
Phone & fax						0
Internet services						0
Postage and mailing						0
						0
Sub-total	0	0	0	0	0	0
Overhead & Operational						
Rent/space						0
						0
Sub-total	0	0	0	0	0	0
Consultant Fees						
						0
Sub-total	0	0	0	0	0	0
Other (specify)						
						0
Sub-total	0	0	0	0	0	0
Total Direct Costs	0	0	0	0	0	0
Indirect (___%):						0
Sub-total	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

Registration
HIV Prevention Request for Proposals
Technical Assistance Conference
Friday, August 10, 2012 at 10:00 am

A Technical Assistance Conference will be held to assist prospective applicants to respond to the HIV Prevention Services RFP. To be of greatest benefit, agency representative(s) participating should be individuals with direct responsibility for writing the proposal associated with this RFP. The meeting can be attended in person or you may call in, detailed information is provided below.

Livingston County Health Department
 2300 E. Grand River
 Howell, Michigan 48843
 517.546.9850

Enter in the West entrance on the side of the building. Once you enter, turn left we will be meeting in Conference Room D

Call-in Number: 1.888.808.6929
 Access Code: 4779383

The meeting will begin promptly at 10:00 am and adjourn by 12:00. If you want to participate, please complete and return this RSVP.

AGENCY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Number of different phone lines agency staff will be calling from: _____

Please fax to:

Jeris Thorpe
517.241.5922 (fax)

Deadline for Registration: Wednesday, August 8, 2012

PROPOSAL CHECKLIST

REQUIRED ELEMENTS OF THE PROPOSAL PACKAGE

- Proposal Cover Sheet, (Appendix D) completed with appropriate authorizing signatures
- Abstract
- Table of Contents

- Proposal Narrative
 - Part I: Agency Description and Qualifications
 - Part II: Program Plan (per population)
 - Part III: Budget Summary and Detail Forms and Budget Narrative (Appendix E)
 - List of Attachments

- Required attachments
 - A - 501(c)(3) certification (if applicable)
 - B - Board of Directors listing
 - C – Organizational Chart
 - D - Most recent independent financial audit
 - E - Agency Budget Information Form (Appendix B)
 - F - References and Source Documents
 - H – Staffing Plan
 - I - Memoranda of Agreement / Letters of Commitment
 - J - Federal Indirect Rate Agreement (if applicable)

- Completed Checklist (this should be the last page of your completed application)

OPTIONAL ELEMENTS OF THE PROPOSAL PACKAGE

- Additional attachments (optional - may include)
 - Needs assessment documents
 - Sample evaluation tools
 - Promotional materials developed by agency (e.g. brochures)
 - Other

FORMATTING REQUIREMENTS

- Have you followed the required format?
 - All pages are sequentially numbered
 - Narrative has followed page limitations as stated in RFP
 - 8½" x 11" paper is used
 - Margins are 1", all sides
 - The proposal is written on one side of the page only
 - The proposal is not bound or stapled

- Have you prepared the **original and four copies** for submission?