

INSTRUCTIONS

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Required Proposal Attachments

- 1.) Agency Organizational Chart(s)
- 2.) Agency Total Operating Budget
- 3.) List of All Current Public and Private Grant Funding
- 4.) Resumes, Job Descriptions and Salaries for All Positions to Be Funded
- 5.) Copies of Licensure or Accreditation (if applicable)
- 6.) List of current Board Members
- 7.) Copy of most recent Audit or Year End Financial Statements
- 8.) Proof of 501(c)(3) Status
- 9.) Certificate(s) of Insurance Coverage
- 10.) Personnel Policy indicating Nondiscriminatory Practices
- 11.) References
- 12.) Formal Collaboration Agreements

Proposal Format

- Proposal must be typed or computer-generated. Handwritten proposals will not be accepted.
- Proposal must be submitted in Times New Roman, 12-point font.
- Proposal must include a Project Summary Abstract typed, 1.5 lines spaced.
- Proposal must include a Project Narrative typed, 1.5 lines spaced.
- Proposal must be printed on standard 8 ½ x 11 inch pages with margins no smaller than 0.5 inches.
- Proposals must include a Proposal Checklist, and all required forms as indicated in the RFP.
- Proposals should provide any charts, graphs, letters, etc. as part of the appendices.
- Proposal must include a header at the top right hand corner of each page of the proposal (exclusive of forms and attachments), with the following:
 - Agency Name
 - RFP #16-005-76
- Proposal must include page numbers at the bottom of each page of the proposal.

- Attachments must be referenced by number in the narrative.
- Completed Proposal must be bound securely. Please use binder clips. DO NOT use staples, binders, notebooks, or other binding materials.
- The package containing one (1) original copy (clearly identified as original) and seven (7) copies of your proposal must be sealed and marked with the Proposer's name and 'CONFIDENTIAL, Pre-Exposure Prophylaxis (PrEP) Services for HIV Prevention, 'RFP#16-005-76 noted on the outside of the package.

Proposal

A. Cover Letter with Assurances

All applicants requesting funds must submit all required information with a formal cover letter, printed on agency letterhead, co-signed by the applicant's Executive Director/ Chief Executive Officer (CEO) and Board Chair, attesting to compliance with the assurances and submission requirements outlined below. The letter must indicate program name, client-specific service categories and amount of funds requested in the first paragraph. The remainder of the letter must include the assurances listed below.

- 1) The applicant shall assure that it is a private nonprofit entity under state and local laws and as demonstrated through the attainment of a tax exempt 501(c) (3) Classification from the IRS. In addition:
 - a) The agency must assure that no part of its net earnings s (should be 'inures') to benefit any member, founder, contributor, or individual.
 - b) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.

OR

- 1) For profit entities may apply to provide services if the entities are located in a geographic area where there are no nonprofit entities able to provide those services: "Direct financial assistance may be provided to public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality services in the area." In these situations:
 - a) The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
 - b) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
- 2) The proposal meets all requirements in each section of this RFP.
- 3) The proposal was developed without collusion with any other applicant, competitor or employee of Shelby County Government.

- 4) The applicant has the experience, capability and willingness to perform the work described in the Proposal.
- 5) The applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin, sexual orientation, or disability.
- 6) The clients to be served by the applicant are at risk for HIV infection and reside in Fayette, Shelby and/or Tipton counties in Tennessee or Benton, DeSoto, Tate, Tunica, and/or Marshall Counties in Mississippi and/or Crittenden County in Arkansas.
- 7) The applicant's principal site of operations is located in Fayette, Shelby and/or Tipton counties in Tennessee or Benton, DeSoto, Tate, Tunica, and/or Marshall Counties in Mississippi and/or Crittenden County in Arkansas.
- 8) The applicant will provide sufficient staff/personnel, equipment, etc. at the cost proposed to successfully meet all requirements of this RFP and complete all activities approved for funding.
- 9) The applicant will comply with all Federal, State and local laws, statutes, regulations and codes applicable to proposed activities and funding sources.
- 10) The applicant is not identified as suspended, debarred or otherwise declared ineligible from receiving Federal contracts or subcontracts by the General Services Administration's Excluded Parties List System (<http://www.epls.gov>).

B. Proposal Checklist

Please complete the checklist provided as Attachment A and include with your proposal. Be sure to include all information requested. Proposals missing any component listed will not be reviewed.

C. Project Summary Abstract

All applicants must include a brief summary of their proposal that describes the amount being requested, an outline of the activities that are proposed, and the number of clients who will be served.

D. Proposal Narrative

Please use the following format to develop your proposal. Answer each question, including all components of each question. Most importantly, please be sure that all your numbers for client demographics and budget figures match throughout the proposal.

- 1) Agency Background (no more than 3 pages)

- a) Briefly describe your organization including: (a) history of your organization; (b) mission; (c) goals; and (d) major service components. Provide a brief description and count of the number of clients served on an annual basis and basic demographic data to include: (1) age; (2) race and ethnicity; and (3) gender.
- b) If your agency has previously received funding for HIV prevention or testing services, please describe how the funds were utilized including: (a) a description of the types of services supported with these funds; (b) number of clients served; and (c) demographic data on those clients that includes age, race and ethnicity, and gender. Describe the program evaluation activities that have been completed, provide data and results obtained from these activities, and describe how these were used to improve services.
- c) If your agency has had to implement a corrective action plan in the last three years, from any funding source, please provide details of the corrective action plan and the steps your organization took to resolve any findings and recommendations.

2) Statement of Assets and Needs (no more than 3 pages)

The Statement of Assets and Needs describes the need your program will address and the assets your organization brings to addressing that need.

- a) What needs or problems will your program address? Please use epidemiological data, and any other relevant local data to support your case. Use national data sparingly.
- b) If there are other agencies providing the same or similar services in the community, please explain why your agency is better equipped to provide a higher quality and more cost effective service.

3) Program Plan (no more than 10 pages)

The Program Plan describes the proposed scope of work for each of the service categories for which funding is requested, based on the capacity of your organization to provide the proposed services and specific identified needs of the clients that will be served. Describe the measurable goals and objectives, including timeframes and proposed outcome measures. This section should correspond directly with the proposed budget.

- a) Describe how the proposed scope(s) of service is related to the program strategies described in the RFP. Describe the organization's plan for ensuring timely access to services, including the process for receiving, providing and tracking referrals internally and from external sources.

- b) Describe how the proposed scope(s) of service is related to the goals of the National HIV AIDS Strategy (NHAS) goals for reducing new HIV infections and reducing HIV-related disparities.
 - c) Describe the specific action steps you will take to achieve the outcomes for the program strategy your proposed services address. Please, include a specific timeline for when each step will be completed.
 - d) Please list employees, who are currently employed by your agency that will be paid by these funds, briefly describe their qualifications, and attach resumes and job descriptions. Describe the organization's plan for recruiting and hiring vacant and/or newly created positions.
- 4) Reporting Requirements (no more than 2 pages)

In this section, describe how your program will comply with all reporting requirements, as well as the data collection and information systems which support the reporting.

- a) The Academic Detailing report will provide details on which providers were contacted, what, if any, materials were shared and whether the providers agreed to become a PrEP provider.
- b) The Media Campaign report will include, at a minimum, advertisement impressions from all paid and earned media placements that will be reported through the entirety of the campaign.
- c) The PrEP Navigation Services report will include at a minimum, client demographics, referral sources, and a disposition code indicating each client's status in the PrEP process.
- d) The PrEP Liaison services report will capture the details of program's monthly work, included narratives of interactions with providers.

E. Applicant's Proposed Budget

All charges to the grant must be in accordance with applicable Office of Management and Budget (OMB) cost principles (A-87, A-122, OR A-21).

Budget Justification Narrative

- 1) Provide a budget justification narrative that includes the total amount of funding for each service category for which funding is requested, the personnel who will provide the services and a description of direct expenses related to providing the service. **All budget items should be rounded to the nearest one hundred (100) dollars.** The following expense categories must be detailed in the Budget Justification Narrative:
 - a) Salaries: List all personnel whose salary is to be paid in whole or in part with these funds. For each position, provide the job title, employee last name, brief description of duties and responsibilities as they relate to the funded work. If the position is vacant, indicate when the position is expected to be filled.

- b) **Benefits & Taxes:** List all personnel whose benefits and taxes is to be paid in whole or in part with these funds.
- c) **Supplies:** This category includes items that are less than \$5,000; computer software should be included in this category. List the type(s) of supplies that will be needed.
- d) **Travel/Conferences & Meetings:** Staff may be reimbursed for local mileage at the current Federal rate for non-Shelby County Government applicants, and at the County rate for Shelby County Government applicants, if local travel is required to provide funded services. List the position(s) for which reimbursement for local mileage will be requested.
- e) **Indirect Costs:** Indirect costs are allowable in accordance with applicable Cost Principles, and within the legislative limit of 10% of direct costs. If agency is requesting administrative costs, a cost allocation plan must be provided as part of the budget justification narrative.

2) **Grant Budget Form**

Provide a grant budget using the form provided in Attachment C. More details are always better than less details.

Proposal Attachments

1.) Agency Organizational Chart(s)

Provide a diagram that shows the structure of the organization and the relationships and relative ranks of its parts and positions/jobs. For large organizations, 50+ employees, provide an overall organizational chart showing the relations between departments AND a department specific organizational chart for all departments where personnel whose salary is to be paid in whole or in part with these funds.

2.) Agency Total Operating Budget

Provide a total operating budget for your agency. If your project is part of a larger organization, please provide a budget for the department through which services will be provided.

3.) List of All Current Public and Private Grant Funding

Provide a list of all funding received for the provision of other services, and Federal, State and/or local funding for HIV care and prevention services.

4.) Resumes, Job Descriptions and Salaries for All Positions to Be Funded

5.) Copies of Licensure or Accreditation (if applicable)

6.) List of current Board Members

Provide a List of current Board Members that includes each Board Member's name, gender, race, place of employment, board related titles, and terms of service. Please, also include contact information for the Board Chair/President.

7.) Copy of most recent Audit or Year End Financial Statements

8.) Proof of 501(c)(3) Status

If an organization does not have its own tax-exempt determination letter, it should attach:

- (1) a copy of the IRS tax-exemption determination letter of the agency which will act as the fiscal agency for the project,
- (2) a signed letter of agreement between the applicant and the fiscal agency describing how the funds will be handled should a grant be awarded, and
- (3) the application must be signed by the fiscal agency's executive director and Board Chair.

9.) Certificate(s) of Insurance Coverage

- a. The Provider and any subcontractors/providers shall purchase and maintain, in a company or companies authorized to do business in the State of Tennessee, such insurance as will protect the County from claims which may arise out of or result from the Provider or sub-provider's operations under the Contract, whether such operations are performed by itself or by any subcontractors or by anyone directly or indirectly employed by any of them, or by anyone for whose acts the Provider or subcontractor may be liable.
- b. The insurance required shall be written for not less than any limits of liability specified or required by law, whichever is greater. All policies will provide for thirty (30) days written notice to COUNTY of cancellation or material change in coverage provided. If the insurance carrier is not required by the policy terms and conditions to provide such notice to the COUNTY, the Provider must provide immediate notice to COUNTY and evidence of replacement coverage with no lapse.
- c. The Provider will maintain throughout the life of this Contract, in the following minimum requirements:
 - i) Commercial General Liability coverage with minimum limits of \$1,000,000.00 per occurrence bodily injury and property damage/\$1,000,000.00 personal and advertising injury/\$2,000,000.00 general aggregate coverage, \$2,000,000.00 annual aggregate products/completed operations. Shelby County Government, its elected officials, appointees and employees will be named as additional insureds. The insurance shall include coverage for the following:
 - a. Premises/Operations
 - b. Products/Completed Operations
 - c. Contractual Liability

- d. Independent Contractors
 - e. Personal and Advertising Injury
 - f. Assault and Battery
 - g. Sexual Molestation
- ii) Workers Compensation and Employers' Liability Insurance – Workers' compensation statutory limits as required by Tennessee statutes. This policy should include Employers' Liability coverage for \$1,000,000.00 each accident; \$500,000 - Disease - each employee; and Disease - \$500,000 policy limit. Contractor/provider waives its right of subrogation against Shelby County for any and all workers' compensation claims. Policy will include waiver of subrogation endorsement in favor of Shelby County Government.
 - iii) Business Automobile Liability Insurance - minimum limit of \$1,000,000.00 each accident for bodily injury and property damage. Coverage is to be provided on all owned/leased, hired and non-owned autos. Shelby County Government, its elected officials, appointees and employees will be named as additional insureds.
- d. Provider shall provide County with a Certificate of Insurance at the time of contracting and shall maintain said insurance or self-insurance during the entire Contract period as well as provide renewal certificates on each anniversary date.
 - e. Any coverage applying to COUNTY shall be considered primary and con-contributory regardless of any insurance or self-insurance the COUNTY may maintain.
 - f. If the PROVIDER maintains higher limits than the minimums shown above, the COUNTY requires and shall be entitled to coverage for the higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the COUNTY as additional insureds.

10.) Personnel Policy covering Nondiscriminatory Practices

11.) References

References of the Proposer, including at least three (3) other clients for whom the Proposer has provided services similar to the Services (with preference given to clients comparable to Shelby County Government) and, for each such reference, the business name, the identification of a contact person, the title of the contact person and a telephone number.

12.) Formal Collaboration Agreements

Agencies must work together to maximize resources and provide a seamless continuum of care for clients; collaboration between providers is essential to providing quality services. The Proposal Review Committee will be reviewing proposals for examples of agencies working

together to improve services and service delivery. Collaborative agreements are formal statements of commitment between organizations that are collaborating or cooperating on a program. The agreement delineates specific roles and responsibilities of all organizations involved. Formal agreements with other HIV/AIDS service providers with which you collaborate must be included. Please note collaboration between community agencies and at least one medical facility are required for case management services.

Collaborative agreements for the purposes of this RFP should include:

- Specific detail about the policies and procedures that are used to implement it.
- A clear goal stating what will be achieved through the collaborative effort.
- A set of objectives that states how the affiliating organizations will achieve the stated goals.
- A statement designating specific staff's responsibility for coordination of the specific aspects of the agreement.
- A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.