

High Impact HIV Prevention Services RFP #17-009-11

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Proposal Format

- a. Proposal must be typed or computer-generated; handwritten proposals will not be accepted
- b. Proposal must be submitted in Times New Roman, 12-point font
- c. Proposal must include a Program Summary Abstract typed, single-spaced
- d. Proposal must include a Project Narrative typed, double-spaced
- e. Proposal must be printed on standard 8 ½ x 11 inch pages with one inch margins
- f. Proposals must include a checklist and all required forms as indicated in the RFP
- g. Proposals should provide any charts, graphs, letters, etc. as part of the appendices
- h. 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 # 17-009-11 High Impact HIV Prevention Services
- i. Proposal must include page numbers at the bottom of each page of the proposal. Attachments must be referenced by number in the narrative.
- j. Completed proposal must be bound securely. Please use binder clips only, do not use staples, binders, notebooks, or other binding materials.

1. Cover Letter

All Proposers requesting High Impact HIV Prevention Services funding 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/President**, attesting to compliance with the assurances and submission requirements outlined below. The letter must indicate agency name, target populations to be served and the proposed interventions, and amount of funds requested in the first paragraph. The remainder of the letter must include the following assurances:

- a. Proposer is a private, non-profit organization, public entity, or an educational institution of higher learning with a principal site of operation in Shelby, Fayette, and/or Tipton County, Tennessee.
- b. Net earnings of the agency will not benefit any member, founder, contributor or individual.
- c. Proposer has acceptable financial accountability.
- d. Proposer has among its purposes significant abilities and activities related to providing HIV prevention/education services.
- e. Proposal meets all the requirements in each section of the RFP.
- f. Proposal was developed without collusion with any other applicant, competitor, or employee of Shelby County or the State of Tennessee Department of Health.
- g. If use of a sub-Subrecipient(s) is proposed, a statement from each sub-Subrecipient shall be appended to the proposal and signed by an individual authorized to legally bind the sub-Subrecipient and detailing: the scope of the work to be performed by the subcontractor, the sub-Subrecipient's capability and willingness to perform the work indicated, and sub-Subrecipient's non-discrimination policy.
- h. No attempt has been made or shall be made to induce any other person or agency to submit or not submit a proposal.
- i. Proposer's obligation to provide sufficient staff/personnel, equipment and other resources at the cost proposed to successfully meet the requirements of funded activities.
- j. Proposer will adhere to all Title VI requirements.

2. Proposal Response Sheet

All Proposers requesting High Impact HIV Prevention Services funding must submit all required information with the Proposal Response Sheet (**Attachment #2**), co-signed by the applicant's Executive Director/ Chief Executive Officer (CEO) and Board Chair (or two other authorized representatives of the applicant's agency), attesting to compliance with the assurances and submission requirements.

1. Proposal Checklist

Please complete the checklist provided as **Attachment #3**, and include with your proposal. Be sure to include all information requested. Proposals missing any component listed will not be reviewed.

2. Project Summary Abstract, single-spaced

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

3. Proposal Narrative, double-spaced

Please use the following format to develop your proposal. Answer each question, including all components of each question.¹

a. Agency Background (no more than 5 pages)

(15 points)

- 1) Briefly describe your agency including: (a) history of your agency; (b) mission; (c) major goals; and (d) major service components. Provide a brief description of the at-risk populations that your agency currently serves, including: (1) age; (2) race and ethnicity; (3) gender; and (4) behavioral risk factors.
- 2) If your agency has previously received this specific funding, 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, gender, and risk behavior. 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.
 - b) For those who have not previously received this specific funding, please describe your agency's experience in providing the services for which you are requesting funds.²
- 3) If your agency has had to implement a corrective action plan(s) in the last three calendar years from any federal, state, or local funding source(s), please provide details of the corrective action plan(s) and the steps your agency took to resolve any findings.

b. Statement of Assets and Needs (no more than 5 pages)

(30 points)

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

¹ Please be sure that all your numbers for client demographics and budget figures match throughout the proposal.

² If your organization does not have experience in providing these services, please describe how you plan to obtain the necessary expertise to implement the service program).

- 1) Provide a brief statement of the problem or need your proposal addresses. Please use epidemiological data, and any other relevant local and national data that supports the nature and extent of the problem.
- 2) Clearly define the priority population(s) that your proposed activities will serve, and be as specific as possible.
- 3) Describe in detail the agency's capacity and expertise in working with the identified priority population(s) and proposed interventions; provide a detailed outline for needed training or technical assistance that will be required to obtain additional knowledge and skills.
- 4) Please list all other sources of funding and award amounts that your agency receives, including Ryan White, and Federal, State and local funding, which are used to provide HIV care and prevention services.

c. Program Plan (no more than 10 pages)

(20 points)

The Program Plan describes the proposed scope of services for each of the interventions 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. Specify the estimated number of clients who will be enrolled and the estimated number of clients who will complete each proposed intervention. The Program Plan should correspond directly with work plan and the proposed budget.

- 1) Describe how the proposed scope of services is related to the NHAS and EIIHA goals and strategies as described on pages 10-11 of the RFP, specifically in regards to the identified priority population(s) and intervention(s). Describe the agency's plan for ensuring timely access to services, including the process for receiving, providing and tracking referrals internally and from external sources.
- 2) Complete a Work Plan (**Attachment #4**) for each of the proposed interventions and provide as attachments to the proposal.
- 3) 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.

d. Formal Collaboration Agreements

(5 points)

Agencies must work together to maximize resources and provide a seamless continuum of prevention and care for clients; collaboration between providers is essential to providing quality services to persons at risk for or living with HIV/AIDS. Formal agreements with other HIV/AIDS prevention and service providers with whom you collaborate are strongly encouraged.

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.

Collaborative agreements for the purposes of this RFP should include:

- 1) A clear goal stating what will be achieved through the collaborative effort.
- 2) A set of objectives that states how the affiliating organizations will achieve the stated goals.
- 3) A statement designating responsibility for coordination of the specific aspects of the agreement.
- 4) A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.

e. Evaluation Plan (no more than 3 pages)

(5 points)

All Subrecipients providing prevention intervention services are required to have an Evaluation Plan to monitor and assess on-going activities. The Centers for Disease Control and Prevention (CDC) has established standardized forms for monitoring and evaluation that are to be completed quarterly that will be provided to funded agencies. In this section, describe your program and process evaluation activities, including a description of information systems which support those activities. The evaluation plan should:

- 1) Be detailed and specific, realistic and feasible
- 2) Include measurement of progress toward objectives described in the work plan
- 3) Describe the data and data collection methods that will be used to evaluate effectiveness of interventions

5. Proposed Budget

(20 points)

Budget Justification Narrative

Provide a budget justification narrative that includes the total amount of funding for each intervention 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.

Allowable Costs

Allowable costs include personnel salaries and benefits, travel (in/out State), supplies, communications, and indirect costs.

Note: The State of Tennessee has an incentive policy that states that gift card incentives may ONLY be used for CDC approved interventions that are multi-week interventions, and, in those cases, may not exceed \$50 without permission from the HIV/STD Prevention

Program at the state. Incentives are not permissible for one-time interventions or for HIV Testing. Promotional items may be used for these purposes, but gift cards or cash equivalent incentives are only allowed for multi-week interventions.

The following expense categories must be detailed in the Budget Justification Narrative:

Personnel: List all personnel whose salary is to be paid in whole or in part with HIV Prevention Intervention funds. For each position, provide the job title, employee last name, brief description of duties and responsibilities as they relate to the funded work, and minimum qualification requirements. If the position is vacant, indicate when the position is expected to be filled.

Travel: Staff may be reimbursed for local mileage at the current Federal rate if local travel is required to provide intervention services. List the position(s) for which reimbursement for local mileage will be requested.

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.

Equipment: This category includes items that are over \$5,000, but under \$25,000. List the specific equipment that is needed and provide a justification for requested funds. A purchase versus lease analysis should be done for items over \$5,000. Cost sharing must be determined if equipment will be used for services other than HIV Prevention.

Communications: This category includes expenses for office telephone lines, cell phones, and other communications services.

Indirect Costs: Administrative costs are allowable in accordance with applicable Cost Principles, and within the legislative limit of 10% of direct costs, or other rate if agency has a negotiated Federal rate.³

The following are not required, but should be included if applicable:

*In-Kind Contributions: In-kind contributions are for reporting the value of contributed non-cash resources applied to the program or project. For example, the value of food, clothing, personal hygiene supplies, diapers, etc., donated for distribution to a client should be listed as an in-kind contribution. This may also include donated professional services by physicians, counselors, nurses, etc. for the support of the program or project. Buildings and equipment may also be included.

*Cash Contributions (Nongovernmental): Funds that are from such sources as cash contributions from corporations, foundations, trusts, individuals, fund raisers, other not-for-profit organizations, and from affiliated organizations.

Grant Budget and Budget Detail

Provide a grant budget and budget detail for each of the interventions for which funding is requested using the Budget Form provided in **Attachment #5**. Please also attach a total

³ If agency is requesting indirect costs, a cost allocation plan must be provided as part of the budget justification narrative.

Attachment 1

operating budget for your agency, including all Federal, State and/or local funding received for the provision of other HIV prevention and care services. If your project is part of a larger organization, please provide a budget for the department through which these services will be provided.