

Ryan White FY 2014 Part A and Minority AIDS Initiative (MAI)

APPLICATION INSTRUCTIONS

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Application Format

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

1. Cover Letter

All applicants requesting Ryan White Part A and MAI 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 following assurances:

- a. 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:
 - 1) The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
 - 2) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
- b. The Ryan White 2006 legislation provides allowances that private "for profit" entities may apply to provide services under the Ryan White Program of 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 HIV care in the area." In these situations:
 - 1) The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
 - 2) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
- c. The proposal meets all requirements in each section of this RFP.
- d. The agency has among its purposes significant activities related to providing services to persons living with HIV/AIDS (PLWH/A) or related disease.
- f. The proposal was developed without collusion with any other applicant, competitor or employee of Shelby County Government.
- g. The applicant has the experience, capability and willingness to perform the work described in the application.
- h. 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.

- i. The clients to be served by the applicant are HIV positive and reside in Fayette, Shelby and/or Tipton counties in Tennessee or De Soto, Tate, Tunica, and/or Marshall Counties in Mississippi and/or Crittenden County in Arkansas.
- j. The applicant's principal site of operations is located in the counties as described in subparagraph i. above.
- k. 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.
- l. The applicant will comply with all Federal, State and local laws, statutes, regulations and codes applicable to proposed activities and funding sources.
- m. The applicant will comply with the Memphis TGA Ryan White Eligibility Policy and Procedure in determining client eligibility for services.
- n. 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>).
- o. Pursuant to Section 2605(a)(6), Part A and MAI funds will not be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, or any Federal or State health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.
- p. Pursuant to Section 2605(a)(7)(A) Part A and MAI funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.
- q. Pursuant to Section 2605(a)(7)(B) Part A and MAI funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.
- r. Pursuant to Section 2605(a)(7)(C) Part A and MAI of outreach services will be provided to low income individuals with HIV disease to inform them of such services.
- s. Pursuant to Section 2681(d) Part A and MAI services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.
- t. Pursuant to Section 2684, no funds shall be used to fund AIDS programs, or to develop

materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

2. Application Checklist

Please complete the checklist provided as **Attachment # 9**, and include with your proposal. Be sure to include all information requested. **Applications missing any component listed will not be reviewed.**

3. 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.

4. 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.**

a. Agency Background (no more than 3 pages) (5 points)

- 1) 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.
- 2) If your agency has previously received Ryan White funds, 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.
- 3) For those who are not currently receiving Ryan White funds; please describe your organization's experience in providing the services for which you are requesting Ryan White Part A and MAI funds. (**NOTE:** 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).

b. Statement of Assets and Needs (no more than 4 pages) (5 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) What needs or problems will your program/service address? Please use epidemiological data, and any other relevant local and national data to support your case.
- 2) If you are seeking an increase in funds from last year for the same type of program(s) currently funded, please document the need for this increase in terms of unmet demand for this program. Include information on: (a) waiting lists or increased client demand for services; (b) denial of service because of insufficient funding; (c) increase in costs of providing services; and (d) the capacity of your organization to increase services.
- 3) 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.
- 4) Please list all other sources of funding and award amounts that your agency receives, including other Ryan White, HIV prevention, and State and local funding, which are used to provide HIV care and prevention services.

c. Program Plan (no more than 10 pages)

(25 points)

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.

- 1) Describe how the proposed scope(s) of service is related to the service priorities established by the Memphis TGA Ryan White Comprehensive Plan provided in **Attachment # 5**. 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.
- 2) Describe how your proposed scope(s) of service will address unmet need in the Memphis TGA. Unmet Need for HIV primary medical care in the Memphis TGA is defined as no evidence of any of the following three components during calendar year in 2012: 1) Viral load testing; or 2) CD4 count; or 3) Provision of antiretroviral therapy (ARV).
- 3) Describe how the proposed scope(s) of service is related to the specific goals of the Memphis TGA 2010 EIIHA Plan to (1) promote awareness about the importance of early detection and treatment for HIV, (2) promote awareness about available HIV testing services, (3) increase access to and utilization of existing HIV testing services, and (4) expand the availability of HIV testing services to underserved geographic areas and target populations.
- 4) Complete an Implementation Plan (**Attachment # 10**) for **each** of the proposed service categories and provide as attachments to the proposal. The objectives and

Comment [JPepper1]: Added.

client level outcomes for each service priority have been set by the grantee, so they are consistent across providers.

- 5) Please list employees, who are currently employed by your agency that will be paid by Ryan White Part A and MAI 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

(20 points)

Agencies must work together to maximize resources and provide a seamless continuum of care for clients; collaboration between providers is essential to providing quality care to persons living with HIV/AIDS. 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:

- a) Specific detail about the policies and procedures that are used to implement it.
 - b) A clear goal stating what will be achieved through the collaborative effort.
 - c) A set of objectives that states how the affiliating organizations will achieve the stated goals.
 - d) A statement designating specific staff's responsibility for coordination of the specific aspects of the agreement.
 - e) A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.
- 2) 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.

e. Evaluation Plan (no more than 5 pages)

(25 points)

In this section, describe your program and process evaluation activities, including quality management and quality improvement activities, as well as the data collection and information systems which support those activities.

- 1) Describe the agency's Quality Management process and attach a copy of the current Quality Management Plan. Discuss how your Quality Management program has worked to improve the care or services your program provides including how an item or measure was identified as needing improvement, the process used in analyzing and designing a quality improvement cycle, and how the intervention was evaluated. Agencies needing assistance in the development of a quality management plan can go to www.nationalqualitycenter.org for more information.

- 2) Describe agency's process for conducting program evaluation and the impact of your program on the clients and community that have received services. Describe the outcome indicators that have been used for measuring the ability of your program to reach its goals. Outline the program's evaluation strategy that will be used to measure achievement of proposed program goals and objectives.
- 3) Describe the process used to collect and document data as required by the HRSA/HAB. All Ryan White HIV/AIDS Program grantees and service providers must complete client level data collection and submit a Ryan White Services Report (RSR) annually. Required data collection may include, but is not limited to:
 - a. The number of clients with HIV infection had CD4 T-Cell counts performed in the grant year.
 - b. The number of women with HIV infection who are prescribed antiretroviral therapy.
 - c. The number of clients with HIV infection with a medical visit in an HIV care setting in the grant year.
 - d. The percentage of HIV-infected medical case management clients who had two or more medical visits in an HIV care setting in the grant year.
 - e. The number of HIV-infected medical case management clients who had a medical case management care plan documented and updated two or more times in the grant year.
- 4) Discuss your current information system and its capacity to manage and report the required administrative and clinical data as identified in **Attachment # 11**, which identifies the administrative and clinical data currently required by HRSA/HAB for the RSR.

5. Organizational Chart

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 Part A and MAI funds.

Comment [JPepper2]: Added

6. Applicant's Proposed Budget

(20 points)

ALL CHARGES TO THE GRANT MUST BE IN ACCORDANCE WITH APPLICABLE OFFICE OF MANAGEMENT AND BUDGET COST PRINCIPLES (A-87, A-122, OR A-21).

Budget Justification Narrative

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:

Personnel: List all personnel whose salary is to be paid in whole or in part with Part A and MAI 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.

Travel: 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 Part A and MAI funded services. List the position(s) for which reimbursement for local mileage will be requested.

Office 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 Ryan White. Equipment items costing over \$25,000 require prior approval from HRSA via Shelby County Government.

Contractual/Professional Services: This category includes funds that are to be used to provide services for clients that are will not provided directly by the proposer. Pre-approval of the Shelby County Government is **required** for any subcontracts with the provider.

Other Programmatic Direct Costs: Include items such as printing of brochures, telephone, postage, advertising, training, interpreter fees, liability insurance (if required by County or provider), equipment maintenance and other allowable costs. Items that are not supplies or equipment and are not included in the indirect cost base may potentially be included in this category. A cost for each item listed must be provided.

Fee for Service: If your agency is proposing to provide services on a fee for service basis, please provide specific and detailed information about how the fees were determined (e.g., calculation of personnel time, cost of materials needed to provide the service, and other costs associated with providing the service)

Administrative Costs: Administrative 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.**

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.

*Matching Funds: The non-federal cash or in-kind contributions provided to supplement the Ryan White funds received for a project or program. Contributions claimed as match for other federal funds may not be used to meet the match requirement for HIV Emergency Relief Project/Ryan White Part A.

Grant Budget and Budget Detail

Provide a grant budget and budget detail for each of the service categories for which funding is requested using the form provided in **Attachment # 12**. Please also attach a total operating budget for your agency, including all funding received for the provision of other Ryan White-funded services, and Federal, State and/or local funding for HIV care and prevention services. If your project is part of a larger organization, please provide a budget for the department through which Ryan White services will be provided.