

4C-2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 7, 2012 [] Consent [X] Regular [] Ordinance [] Public Hearing

Department Submitted By: Community Services Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Recommended grant awards for Ryan White Part A and Minority Aids Initiative (MAI) federal funds for the period of March 1, 2012, to February 28, 2013, in an estimated total amount of \$7,268,734 based on current year grant funding as follows:

Table with 2 columns: Agency, Amount. Rows include FoundCare, Inc. (\$547,239), Palm Beach County Health Department (\$2,358,864), etc., with a total amount of \$7,268,734.

Summary: The awards will provide new or ongoing funding for agencies providing services to residents of Palm Beach County living with HIV/AIDS. The Ryan White Program provides services under several categories including in Outpatient/Ambulatory Medical Care, Laboratory Diagnostic Testing, Drug Reimbursement, Medical Case Management, and Non-Medical Case Management.

Background and Policy Issues: In accordance with the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (Pub.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand.

Attachments: RFP & Ryan White GY 2012 Award Recommendations & Narrative & RFP Process

Recommended By: [Signature] Department Director Date: 1/27/12
Approved By: [Signature] Assistant County Administrator Date: 2/1/12

II. FISCAL IMPACT ANALYSIS

Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	<i>*see below</i>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget?	Yes _____	No _____			
Budget Account No.:	Fund _____	Dept _____	Units _____	Object _____	
	Program Code _____				

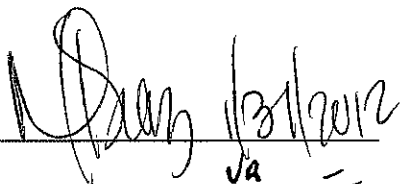

B. Recommended Sources of Funds/Summary of Fiscal Impact:

* These are just RFP recommendations only. Contracts will be going to the Board of County Commissioners in March.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

OFMB	 _____ <i>VA</i> <i>1/30/12</i>	 _____ Contract Dev. and Control
------	---	--

B. Legal Sufficiency:

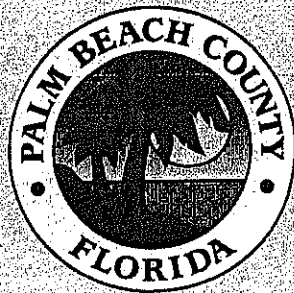
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

REQUEST FOR GRANT PROPOSALS
FOR
HEALTH & SUPPORT SERVICES FOR
PERSONS WITH HIV SPECTRUM DISEASE
RYAN WHITE PART A
&
MINORITY AIDS INITIATIVE (MAI)



FISCAL YEARS 2012, 2013 & 2014

PALM BEACH COUNTY
DEPARTMENT OF COMMUNITY SERVICES
810 DATURA STREET, 1st Floor
WEST PALM BEACH, FLORIDA 33401

**THE RFP WILL BE AVAILABLE FOR DISTRIBUTION ON
SEPTEMBER 19, 2011
9:00 AM EST**

**ATTENDANCE AT A PRE-PROPOSAL CONFERENCE ON
SEPTEMBER 23, 2011 10:00 A.M.
IN THE CONFERENCE ROOM OF THE
MAMYE FREDERICK BUILDING
1440 MLK BLVD.
RIVIERA BEACH, FLORIDA
IS STRONGLY RECOMMENDED**

**SUBMISSIONS ARE DUE AT THE
DEPARTMENT OF COMMUNITY SERVICES
810 DATURA STREET, 1st Floor
WEST PALM BEACH, FLORIDA 33401**

NO LATER THAN October 24, 2011 at 5:00 p.m.

**THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS
REQUEST AT THE OFFICE OF THE DEPARTMENT OF COMMUNITY
SERVICES ON OR BEFORE THE STATED TIME AND DATE WILL BE
SOLELY AND STRICTLY THE RESPONSIBILITY OF THE PROPOSER.
THE COUNTY WILL IN NO WAY BE RESPONSIBLE FOR DELAYS
CAUSED BY THE UNITED STATES MAIL DELIVERY SYSTEM OR
CAUSED BY ANY OTHER OCCURRENCE.**

TABLE OF CONTENTS

SECTION I. GENERAL INFORMATION.....	4
A. INTRODUCTION.....	4
B. BACKGROUND INFORMATION.....	4
C. PROPOSAL SUBMISSION.....	5
D. PRE-PROPOSAL CONFERENCE AND COMMUNICATION WITH COUNTY.....	6
E. ANTICIPATED SCHEDULE OF EVENTS.....	6
F. EXPENSE OF PROPOSAL(S).....	6
G. PROPOSALS OPEN TO PUBLIC.....	6
H. LINE ITEM BUDGET AND BUDGET NARRATIVE JUSTIFICATION.....	7
I. FUNDING RESTRICTIONS.....	7
J. LIMITS ON FEES TO CLIENTS RECEIVING SERVICES FUNDED UNDER THE RYAN WHITE ACT.....	9
K. CONTINUUM OF CARE AND LINKAGE TO SERVICES.....	10
L. PALM BEACH COUNTY TARGETED POPULATIONS.....	10
M. FORMAT INSTRUCTIONS FOR COMPLETING APPLICATIONS.....	11
N. PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL.....	12
O. HIPAA PRIVACY RULES.....	12
P. CONE OF SILENCE.....	12
Q. MINORITY AIDS INITIATIVE DESCRIPTION AND PROVIDER QUALIFICATIONS.....	13
SECTION II. PART A SERVICES.....	14
A. PART A BACKGROUND.....	14
B. CONTACT PERSON.....	14
C. TERMS AND CONDITIONS.....	14
D. SCOPE OF SERVICES REQUESTED FROM THE PART A AND MAI.....	20
SECTION III. CONTENTS OF PROPOSAL AND INSTRUCTIONS.....	29
A. PROPOSAL FORM.....	29
B. TABLE OF CONTENTS.....	29
C. ABSTRACTS.....	29
D. ORGANIZATION'S PROFILE.....	29
E. SERVICE(S) PROPOSAL.....	31
F. LINE ITEM BUDGET(S) AND BUDGET NARRATIVE(S).....	31
G. STANDARDS OF CONDUCT FOR EMPLOYEES.....	32
H. GRIEVANCE PROCEDURE.....	33
I. LIST OF FORMS.....	33

SECTION I. GENERAL INFORMATION

A. INTRODUCTION

In the spirit of collaboration and in an attempt to administer limited resources as efficiently as possible, Palm Beach County (Ryan White Part A and MAI Grantee) hereinafter referred to as the "Grantee", is requesting proposals from qualified public, non-profit, private not-for-profit entities, hereinafter referred to as the "Proposer", to provide services to persons with HIV spectrum disease. **Services to be contracted with Part A funds:** outpatient/ambulatory medical care, laboratory/diagnostic testing, drug reimbursement, specialty/outpatient medical care, oral health care, early intervention services (EIS), nurse care coordination, health insurance premium & cost sharing assistance, home and community-based health services, mental health services, medical case management including treatment adherence and peer mentoring, substance abuse treatment outpatient, case management (non-medical) including supportive case management and determining eligibility, housing services, substance abuse treatment residential, food bank/home delivered meals, emergency financial assistance, medical transportation, legal services, linguistic services, and CARE Council Support.

HRSA (Health Resources and Services Administration) requires that 75% of all funds available for services are to be used for the Medical Core Services and 25% for Support Services.

Given the uncertainty of funding levels and the availability of other funding sources, we are not certain what services will be funded throughout the RFP cycle.

B. BACKGROUND INFORMATION

The Grantee receives federal funds from the Part A- & MAI - HIV emergency relief grant under the Ryan White HIV/AIDS Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government to date specifically for the provision of services for poor or under-served members of the HIV positive population. The purpose of the Act is to improve the quality and availability of care for individuals and families with HIV disease and establish services for HIV and AIDS patients who would otherwise have no access to health care.

In accordance with the Ryan White Act, the Palm Beach County HIV CARE Council (CARE Council) was created to determine the needs and service priorities in our community in order to properly allocate these funds, develop a comprehensive plan for the delivery of HIV health services, and assess the efficiency of the administrative mechanisms to rapidly allocate funds to the areas of greatest need.

Community members, members of the CARE Council, and persons with HIV spectrum illness participated in the focus groups, surveys, processes, and a needs assessment which led to the development of the information utilized by the CARE Council to assess needs and to develop program and funding priorities for these dollars. Ryan White Part A grant funds being disbursed through this Request for Proposal (RFP) have been prioritized by the CARE Council to fund new programs, new services, and the expansion or

continuation of existing programs. The CARE Council bases their planning on the Justice Paradigm of Utilitarianism (greatest good for the greatest number) and secondly the Justice Paradigm of Compassion (assisting the neediest first). Additionally, the CARE Council reviews the following principles to be used in establishing service priorities on an annual basis:

- Decisions will be made based on documented needs;
- All funded services must be responsive to the epidemiology and demographics of the epidemic in Palm Beach County;
- Funded services must strengthen the existing continuum of services through partnerships, alliances and/or networks with HIV service providers in the community;
- Services must be culturally appropriate;
- Services must meet nationally accepted standards of care;
- Services will be added as recommended through documentation in the Needs Assessment and Comprehensive Plan;
- Services will address the impact of recent legislative reform, including changes in welfare, Medicaid, and immigration law, as well as the impact of managed care and other changes to the health care system;
- Services will consider new treatment advances, the changing health status of clients and the changing information needs of clients and providers;
- Services will target under-served communities and meet unmet needs;
- Maximize available resources (including volunteers) while providing a continuum of comprehensive services by focusing on coordination, alliances, and collaboration among providers, avoiding duplication, and considering cost-effectiveness;
- Services will ensure or improve access to primary (ambulatory/outpatient medical) care;
- Services will improve quality of life (i.e., support independent living).

It is the Grantee's desire to obtain Proposals from as many providers as are interested, to evaluate the proposals, to conduct oral presentations and follow up if necessary, and to award grants to the successful Proposer(s). It is anticipated that the Grantee will enter into more than one grant agreement as a result of this process. Proposers may propose one service, all services, or any combination thereof.

C. PROPOSAL SUBMISSION

An unbound, one-sided original and **five (5)** unbound, two-sided copies (a total of six) of the complete proposal must be received by **5:00 p.m., October 24, 2011**. The original(s), and all copies of the proposal must be submitted in a sealed envelope stating on the outside of the envelope, the Proposer's name, address, telephone number, the due date of **October 24, 2011** and the proposal title "Health & Support Services for Persons with HIV Spectrum Disease" to Palm Beach County Department of Community Services, 810 Datura Street, Administration 1st Floor, West Palm Beach, Florida 33401. The Proposal Form must be signed by an officer of the proposer who is legally authorized to

enter into a contractual relation in the name of the Proposer, and the Proposal Form must be notarized by a Notary Public. Please ensure that a check is placed by the MAI or Part A or both proposal options indicating the type of proposal.

ITEMS MARKED WITH AN ASTRISK (*) ON THE PROPOSAL SUBMISSION CHECK LIST MUST BE PROVIDED OR PROPOSAL WILL BE DEEMED NON-RESPONSIVE AND WILL NOT BE CONSIDERED.

D. PRE-PROPOSAL CONFERENCE AND COMMUNICATION WITH COUNTY

A Pre-Proposal Conference will be held at 10:00 a.m. on September 23, 2011 at the Mayme Frederick building, 1440 MLK Blvd., Riviera Beach. Attendance at the Pre-Proposal Conference is strongly recommended.

Questions may be emailed to Mrs. Renee Constantino, Department of Community Services at RConstan@pbcgov.org. In order to maintain a fair, impartial, and competitive process, the County will post questions and answers on the CARE Council website, www.carecouncil.org under Provider Information. Questions will also be answered at the Pre-Proposal Conference. The County must avoid private communication with applicants regarding this RFP, other than via email, during the proposal preparation and evaluation period.

E. ANTICIPATED SCHEDULE OF EVENTS

The anticipated schedule for the RFP and grant award is as follows:

- | | | |
|----|--|-------------------|
| 1. | RFP available for distribution (9:00 AM EST- 5:00 PM EST) | 9/19/11-10/21/11 |
| 2. | Pre-Proposal Conference (10:00 AM EST) | 9/23/11 |
| 3. | Deadline for receipt of proposal(s) (5:00 PM EST)
SUBMIT PROPOSALS TO PAT ADAMS | 10/24/11 |
| 4. | Evaluation/Selection Process | 10/31/11-11/14/11 |
| 5. | Board of County Commission approval of grant awards | January 2012 |

F. EXPENSE OF PROPOSAL(S)

All expenses involved with the preparation and submission of proposals to the County shall be borne by the Proposer.

G. PROPOSALS OPEN TO PUBLIC

Proposers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection in compliance with the Florida Public Records Act.

H. LINE ITEM BUDGET AND BUDGET NARRATIVE JUSTIFICATION

Proposers MUST submit a line item budget and budget narrative justification, using the categories below for each service area the Proposer is submitting a proposal for. The budget template is on the enclosed disc and on the CARE Council website, www.carecouncil.org under Provider Information. Also include one (1) total agency budget.

1. Personnel
2. Fringe Benefits
3. Travel
4. Equipment
5. Supplies
6. Contractual
7. Other (Identify)

Failure to submit the categorical budget with your proposal will DISQUALIFY your submittal from further consideration by the Evaluation/Selection Committee for award of funds.

Allocation of cost must be supported with a written explanation of the methodology used to arrive at the percentage allocation or a copy of an allocation plan for the Agency. Salary cost must be computed on the total days in the funding period requested in the proposal. For fringe benefits expenses, indicate on budget the formulas used to calculate the amounts.

Unit costs must be calculated using the unit measure specified for each individual service category. A Health Resources and Services Administration (HRSA) publication on the establishment and calculation of unit cost is available from the Department of Community Services at 810 Datura Street, West Palm Beach, FL 33401.

I. FUNDING RESTRICTIONS

Ryan White funds are made available by the United States Congress in support of services to persons with HIV, their families and their care givers. Such funds may not be used to support education or prevention activities for the general public, clinical research, or other non-service programs. In general, applicants should assume that **FUNDS MAY ONLY BE SPENT TO PROVIDE SERVICES WHERE NO OTHER REIMBURSEMENT OR PAYMENT SOURCE IS READILY AVAILABLE**. As Ryan White funding is the payer of last resort, all services particularly medical care services which are typically covered by third-party payers such as private health insurers,

managed-care intermediaries, Medicare or Medicaid, will be rigorously scrutinized to ensure no other payer sources are available for the services provided.

General guidelines for the determination of allowable costs under federal grants funding can be found in the Uniform Grant and Contract Management Act, and Office of Management and Budget (OMB) Circulars A-21, A-87, A-122, and A-110. Disallowed costs, as a general rule, will include but not necessarily be limited to the following:

1. **Capital acquisition and renovation:** Grant funds cannot be used for the purchase or improvement of land, or to purchase, construct, or permanently improve any building or other facility.
2. **Payment to recipients of services:** Grant funds cannot be used to make direct cash payments to intended recipients of services, except in the form of food or vouchers, or for reimbursement of reasonable and allowable out of pocket expenses associated with consumer participation in grantee and CARE Council activities.
3. **Indirect Costs:** Grant funds cannot be used to pay the indirect cost of supervision and operations as a separate line. Such administrative costs must be explained and included as part of the applicant's unit cost structure. Unless the proposer has an established indirect cost rate agreement with the Department of Health & Human Services.
4. **Personal Transportation:** Grant funds cannot be used to pay for the transportation of clients to and from work or to handle personal business which cannot be directly or proximately attributed to a specifically prioritized category of service. As a general rule, transportation services can only be used to access Ryan White funded services, but not to the extent that the cost of transportation actually exceeds the benefit such activity would derive.
5. **Social Functions:** Grant funds cannot be used to finance social functions such as picnics, dinner parties and fund-raising banquets or assemblies nor can such funds be used to finance access to these activities.
6. **Windfall, Funding Reserves & Foundations:** Excess or unexpended grant funds cannot be used for anything other than their original designated purpose. Thus, if an agency somehow achieves windfall from a difference between its unit cost and prevailing reimbursement, such windfall must be re-invested into existing programs or applied as a reduction to future funding distributions. Use of federal funds to establish a private foundation is considered fraudulent if funds for this purpose are used to finance Ryan White funded operations through mark-up or retail charge back mechanisms.
7. **Start-up Expenses and Funding for Growth:** Grant funds may not be used to finance the start-up costs of a new agency nor can such funds be used to finance an agency's growth. An example of the latter is an existing contract agency wishing, as a means of increasing its contract funding potential, to provide a new service. An exception to this rule is given to agencies which require additional resources for the provision of new services based upon increases in their client demand.

8. **Payer of Last Resort:** Proposers must agree that funds received under the agreement shall be used to **supplement** not **supplant** any other funding source such as State and local HIV-related funding or in-kind resources made available in the year for which this agreement is awarded to provide HIV-related services to individuals with HIV disease. Applicants in each funding category will be asked to provide assurances that any funds granted will be used to provide services that are incremental to those otherwise available in the absence of grant funds. Funds shall not be used to:

- a). Make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by a third party payer, with respect to that item or service
 - i. Under any state compensation program, insurance policy, or any Federal or State health benefits program or;
 - ii. By an entity that provides health services on a prepaid basis.

J. LIMITS ON FEES TO CLIENTS RECEIVING SERVICES FUNDED UNDER THE RYAN WHITE ACT

Agency must have policies and procedures in place to bill clients covered by the Ryan White Act funds using a sliding fee schedule consistent with the Ryan White Act policy. Clients' income must be assessed to establish their sliding fee scale (SFS) code according to the Federal Poverty Guideline below, delineated as code A through G. Clients who fall into code A [less than or equal to 100% of the Federal Poverty Level (FPL)] may not be charged any fees for Ryan White funded services. Fees billed to clients may not exceed the stated percentages of their annual gross income within a 12 month period.

Individual/Family Annual Gross Income
 Equal to or below 100 percent (FPL)
 101 to 200 percent of the FPL
 201 to 300 percent of the FPL
 More than 300 percent of the FPL

Maximum Allowable Annual Charges
 No charges permitted
 5% or less of gross annual income
 7% or less of gross annual income
 10% or less of gross annual income

Federal Poverty Guideline 2010-2011									
Household Size	A	B	Medicare	C	D	E	F	G	H
	100%	101-150%	151-200%	201-250%	251-300%	301-350%	351-400%		
1	<	\$16,245	\$16,245	\$21,660	\$27,075	\$32,490	+	\$37,905	\$43,320
2	<	\$21,855	\$21,855	\$29,140	\$36,425	\$43,710	+	\$50,995	\$58,280
3	<	\$27,465	\$27,465	\$36,620	\$45,775	\$54,930	+	\$64,085	\$73,240
4	<	\$33,075	\$33,075	\$44,100	\$55,125	\$66,150	+	\$77,175	\$88,200
5	<	\$38,685	\$38,685	\$51,580	\$64,475	\$77,370	+	\$90,265	\$103,160
6	<	\$44,295	\$44,295	\$59,060	\$73,825	\$88,590	+	\$103,355	\$118,120
7	<	\$49,905	\$49,905	\$66,540	\$83,175	\$99,810	+	\$116,445	\$133,080
8	<	\$55,515	\$55,515	\$74,020	\$92,525	\$111,030	+	\$129,535	\$148,040
9	<	\$61,125	\$61,125	\$81,500	\$101,875	\$122,250	+	\$142,625	\$163,000
10	<	\$66,735	\$66,735	\$88,980	\$111,225	\$133,470	+	\$155,715	\$177,960

K. CONTINUUM OF CARE AND LINKAGE TO SERVICES

All grant recipients must participate in a community-based continuum of service. A continuum of service is defined as a comprehensive range of services required by individuals or families with HIV infection in order to meet their health care and psychosocial service needs throughout the course of their illness. In Section III applicants will be asked to describe how they are working to establish a Continuum of Care. Additionally, respondents will be asked to describe their knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status. Linkages work to facilitate access to advanced medical treatments and medications, and facilitate access to private/public benefits and entitlements.

Priority will be given to proposals that lead to the establishment of a comprehensive system of care by demonstrating participation/involvement in a full service, comprehensive continuum of care including HIV/AIDS prevention, testing and counseling, referral and linkage. Examples of this may be through linkage agreements with other agencies within the continuum of care; participation in prevention, testing and counseling, referral and linkage efforts; participation in Advisory/Planning bodies for the continuum of care like Community Prevention Partnership, Minority AIDS Network, and CARE Council. Special consideration will be given to proposals that describe knowledge, involvement and activities of efforts to link the special populations, described below in Section I.L, to HIV medical and support services.

L. PALM BEACH COUNTY TARGETED POPULATIONS

Through 2010, as of 5/26/11, Palm Beach County has reported 4,679 living with AIDS and 2,966 HIV (not AIDS) cases, according to the Department of Health HARS report.

The Ryan White program assists approximately 3,500 clients each year. In developing priorities for HIV/AIDS direct services, the CARE Council has previously determined that:

1. Funding should be targeted to low-income, uninsured and under-insured persons.
2. Special emphasis will be placed on populations that are disproportionately impacted, persons with co-morbidities, and newly diagnosed individuals.

The disproportionately impacted populations are determined by the CARE Council and include African American Women, Latino/Hispanic Men and Women, Haitian Men and Women, Men who have sex with men (MSM), Women Who Used Drugs Illegally during the Past 12 Months, and Men Recently Released from Incarceration.

Special populations with co-morbidities include Tuberculosis, Substance Abuse/Chemical Addiction, Severe Mental Illness, Sexually Transmitted Diseases, Lack of Insurance, Poverty, Formerly Incarcerated, and/or Homelessness.

An emphasis will be placed on making populations aware of their status with a priority on the following newly diagnosed populations, which are determined by the CARE Council and include: Black Heterosexuals; MSM, Pregnant HIV+ Women, Partners of HIV+ Individuals, STD+ Individuals, and Incarcerated Individuals.

M. FORMAT INSTRUCTIONS FOR COMPLETING APPLICATIONS

1. Use only the application forms provided with this Request for Proposals. Copies of the forms are available from the County on CD and on the CARE Council website, www.carecouncil.org under Provider Information.
2. Applications must be typed, single-spaced, in a font 12 point.
3. Applications should have margins of 1/2 inch on all sides with left-justification.
4. Do not use any staples, ring-binders, or covers. The entire proposal -- the application, and all supporting documentation, must be clipped together with a single fastener at the upper left hand corner.
5. Do not include documents larger than 8 1/2" x 11". If any of your supporting documents are larger than this, photocopy and reduce them in size to a uniform 8 1/2" x 11".
6. The original proposal(s) should be single sided, print only on the front of each page. If any of your supporting documents are two-sided, photocopy them to meet this requirement.
7. Append only the specific supporting documentation requested. Do not attach other materials, such as annual reports, newsletters, membership lists, brochures, and general or political letters of support.

8. Sequentially number the pages of all attachments appended to the application form.
9. Narrative answers/statements should be self-explanatory and understandable to members of the independent review panel who will read, evaluate and score your proposal. Assume that these individuals are unfamiliar with your agency and its programs, and that they have limited information about your target population.
10. The section regarding your target population and its HIV/AIDS service needs should be as specific as possible to the demographic/geographic community area(s) that your proposed project will target. For example, if your agency is proposing to serve the migrant population in the Glades Community, your narrative should clearly and simply describe the characteristics of the migrant community (women, children, etc.) and the geographic area where they live.
11. Applicants must address every issue raised in the Review and Award Criteria, and provide all required documentation noted in the application Checklist.
12. Sign all original copies in **BLUE INK**.

N. PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL

Pursuant to Palm Beach County Code, Section 2-421 – 2-440, as amended, Palm Beach County's Office of Inspector General is authorized to review past, present and proposed County contracts, transactions, accounts, and records. The Inspector General's authority includes, but is not limited to, the power to audit, investigate, monitor, and inspect the activities of entities contracting with the County, or anyone acting on their behalf, in order to ensure compliance with contract requirements and to detect corruption and fraud.

O. HIPAA PRIVACY RULES

Contracted agencies must describe how they are complying with the Health Insurance Portability and Accountability Act (HIPAA). Agency will need to detail their efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the agency. If the agency does not provide services that fall under HIPAA Privacy Rules, please provide a statement to that effect.

P. CONE OF SILENCE

This RFP includes a Cone of Silence.

All parties interested in submitting a proposal will be advised of the following:

Lobbying - "Cone of Silence"

Respondents are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: www.pbcgov.com/legislativeaffairs/pdf/PL_04Ord.pdf, is in effect. The Respondent shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here. **"Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any Respondent or Respondent's representative and any County Commissioner or Commissioner's staff.** A Respondent's representative shall include but not be limited to the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent.

The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including pre-bid conferences, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BOCC awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

Q. **MINORITY AIDS INITIATIVE DESCRIPTION AND PROVIDER QUALIFICATIONS**

In 1999, the U.S. Congress earmarked funds appropriated under Title I (now Part A) of the Ryan White C.A.R.E. Act to support efforts to improve the quality of care and health outcomes in communities of color; particularly those disproportionately impacted by the AIDS epidemic.

Organizations applying for funding under the MAI service categories must meet and document the following:

1. Have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group to be served
2. Have more than 50 percent of key management, supervisory and administrative positions (e.g. executive director, program director, fiscal director) filled by persons of the racial/ethnic population(s) to be served.
3. Have more than 50 percent of key direct service provision positions filled by persons of the racial/ethnic population(s) to be served.

The goal of this funding is to improve client-level outcomes, including a reduction in HIV morbidity and opportunistic infections, increased life expectancy, and a decrease in the transmission of HIV infection in communities of color disproportionately impacted by HIV. More specifically, this funding must be used to:

- Enroll Persons Living with HIV/AIDS (PLWHA) from these severely impacted communities into care at an earlier stage of their illness.
- Assure access to new treatments, consistent with established standards of care.

- Provide related support services that will help individuals and families in care.
- Have a successful track record in providing HIV/AIDS services to the targeted community(s) of color.
- Demonstrate cultural and linguistic competency for delivering the proposed service(s) with respect to the target population(s).
- Community-Based Organizations (CBO) and AIDS Service Organizations (ASO) must be located near the targeted population.
- Organizations must have documented linkages to targeted populations to help close deficiencies in accessing services.

SECTION II. PART A SERVICES

A. Part A BACKGROUND

Palm Beach County receives federal funds from the Part A & MAI - Ryan White Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government to date specifically for the provision of service for poor or under-served members of the population with HIV infection. The purpose of the Act is to improve the quality and availability of care for individuals and families with HIV disease and establish services for HIV and AIDS patients who would otherwise have no access to health care.

Part A funding directs assistance to eligible metropolitan areas (EMAs) with the largest numbers of reported cases of AIDS to meet service needs. In 2011, Palm Beach County was awarded a total of \$679,100 Ryan White MAI and \$8,102,550 Ryan White Part A Formula and Supplemental grant funds for the funding period ending February 29, 2012. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2012 through February 28, 2015. Allocation amounts have not yet been approved; therefore allocation amounts are not included.

B. CONTACT PERSON

This RFP is being issued, as will any addenda, for Palm Beach County by the Department of Community Services. The contact person for all Part A inquiries is Mrs. Renee Constantino at (561) 355-4709, RConstan@pbcgov.org.

C. TERMS AND CONDITIONS

1. GRANT PERIOD

The term of the grant agreement to be executed for funds shall be approximately twelve (12) months, beginning March 1, 2012. This RFP will be for three (3) years (March 1, 2012 and February 28, 2015) **pending funding.**

2. COUNTY OPTIONS

The County may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in the proposals received

as a result of this RFP. Also, the determination of the criteria and process whereby proposals are evaluated, the decision as to who shall receive a grant award, or whether or not an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the County.

If an insufficient number of qualified proposals are submitted to meet available funding in any particular service category, the County will directly solicit and select appropriate community-located/based providers to fill these gaps.

3. PROGRAM IMPLEMENTATION AND WORK PLAN

Proposers are required to submit a **detailed work plan** for each funded service or program that reflects a service start date appropriate for the funding period of the proposal. Proposers are required to inform the County, in writing, of any proposed deviation from the approved work plan. Proposers will also be required to obtain written approval from the County for any revisions to the approved work plan.

4. GRANT AGREEMENT PROCESS

Successful Proposer(s) (Providers) will be required to submit all documents necessary for grant agreement process (e.g. revised budgets, scope of services, insurance certificates, affidavits, work plans, etc.) prior to contract execution.

5. REIMBURSEMENT

Providers must invoice the County on a monthly basis, on or before the tenth working day of each month. Reimbursement requests shall be on the basis of actual cost and shall include monthly reports of service utilization data.

6. AWARD/BUDGET REDUCTION

Providers must submit to the County a plan to expend its full allocation within the grant period in the form of a line item budget and budget narrative, consistent with the provider's approved work plan. Expenditure reports will be distributed to the Palm Beach County HIV CARE Council and the Board of County Commissioners throughout the grant period.

If it is determined, based on average monthly reimbursements, that a provider will not expend their full allocation within the contract period, the County may, upon written notification, reduce the dollar amount for any category of service.

7. AUDIT

A copy of the most recent Agency audit must accompany the proposal. If a copy of the most recent Agency audit has already been furnished to the Department a new copy does not have to be supplied. A page must be included stating that the audit has been submitted and when it was submitted.

All providers must provide the County with annual, agency-wide audit reports. All audits shall be completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Fla. Stat. The audit must comply with OMB Circular A-128 for governmental agencies and OMB Circular A-133 for non-governmental agencies, as well as the requirements of Sections 11.45 and 216.349, Fla. Stat., and Chapter 10.550 and 10.600, Rules of the Auditor General, and, to the extent applicable, the Single Audit Act of 1984, 31 U.S.C. ss. 7501-7507. Ryan White Treatment Extension Act 2009 Part A and MAI funds must be identified on the audit schedules.

8. ELIGIBILITY DOCUMENTATION

Clients must provide all documentation regarding eligibility as required by the Eligibility Criteria. This documentation must be kept on site by providers and be available for review by the Grantee. The documentation must be scanned into the client database, CAREWare.

9. REPORTS

Providers must submit any and all reports to the County for each individual service, for which a grant has been awarded, by the date(s) and time(s) set by the Grantee. In addition, required data must be entered into the client database, CAREWare. These reports and/or data must include, but are not limited to the following:

- a) Client Service Utilization data
- b) WICY (women, infants, children & youth) data
- c) Monthly Report/Request for Reimbursement
- d) Report on Accumulating Unexpended Funds
- e) Quality Management Outcomes data
- f) Special requirements for information (as required)

All reports and data are subject to verification and audit of provider records.

10. PROGRAM EVALUATION

All agencies funded under this RFP will be required to participate in a standardized evaluation and quality assurance process that is being coordinated by Palm Beach County Department of Community Services and adhere to the HRSA, HIV/AIDS Bureau, Division of Service Systems Monitoring Standards for Ryan White. The HRSA and local standards are located at www.carecouncil.org, under Provider Information.

Providers must also agree to participate in evaluation studies sponsored by the U.S. Human Resources and Services Administration (HRSA) and/or analysis carried out by or on behalf of the Grantee and/or Palm Beach County HIV CARE Council to evaluate the effect of patient service activities, or on the appropriateness and quality of care/services. This participation shall at a minimum include permitting right of access of staff involved in such efforts to the provider's premises and records. Further, the provider agrees to participate in ongoing meetings or task forces aimed at increasing, enhancing and maintaining coordination and collaboration among HIV-related health and support providers.

11. RIGHT TO INSPECT

All provider books and records, as they relate to the grant, must be made available for inspection and/or audit by the County, HRSA, and any organization conducting reviews on behalf of the Palm Beach County HIV CARE Council without notice. In addition, all records pertaining to the grant must be retained in proper order by the provider for at least seven (7) years following the expiration of the agreement, or until the resolution of any questions, whichever is later.

12. ASSIGNMENT

Provider shall not assign, transfer, convey, sublet, or otherwise dispose of all or substantially all of its rights or obligations to any person, company or corporation without prior written consent of the County.

13. RULES, REGULATIONS, AND LICENSING REQUIREMENTS

Providers and their staff must possess all of the required State of Florida licenses, as well as, all required Palm Beach County occupational licenses. In addition, provider shall comply with all laws, ordinances and regulations applicable to the contracted services, especially those applicable to conflict of interest. Provider is presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules, and regulations that may in any way affect the delivery of services.

14. PERSONNEL

In submitting their proposals, the proposer(s) is representing that the personnel described in their proposal shall be available to perform services described, barring illness, accident, or other unforeseeable events of a similar nature, in which case, the provider must be able to provide a qualified replacement. The County must be notified of all changes in key personnel within five (5) working days of the change. Furthermore, all personnel shall be considered to be, at all times, the sole employees of the provider under its sole direction, and not employees or agents of the County.

15. INDEMNIFICATION

The provider shall indemnify and save the County, and its past, present and future employees or agents, harmless from any and all claims, liability, losses and causes

of action which may arise out of the fulfillment of the ensuing contract. The provider shall pay all claims and losses of any nature in connection therewith, and shall defend all suits, in the name of the County when applicable, and shall pay all costs and judgments which may issue there from, except for those caused by the sole negligence of County employees or officers.

16. INSURANCE

Within two (2) weeks of written notice of recommended grant award, the provider must provide to the County original certificates of insurance for the following:

- a) Commercial General Liability The AGENCY shall agree to maintain Commercial General Liability at a limit of liability not less than \$500,000 each occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted by COUNTY'S Risk Management Department. AGENCY agrees this coverage shall be provided on a primary basis.
- b) Business Automobile Liability The AGENCY shall agree to maintain Business Automobile Liability at a limit of liability not less than \$500,000 each occurrence for all owned, non-owned and hired automobiles. In the event the AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended to require the AGENCY to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. AGENCY agrees this coverage shall be proved on a primary basis.
- c) Worker's Compensation & Employer's Liability The AGENCY shall agree to maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440. AGENCY Agrees this coverage shall be provided on a primary basis.
- d) Professional (Errors & Omissions) Liability The AGENCY shall agree to maintain professional Liability, or equivalent Directors & Officers Liability at a limit of liability not less \$500,000 per Occurrence. When a self-insured retention (SIR) or deductible exceeds \$10,000, the County reserves the right, but not the obligation, to review and request a copy of the AGENCY'S most recent annual report or audited financial statement. AGENCY agrees this coverage shall be provided on a primary basis.
- e) Additional Insured The AGENCY shall agree to endorse the COUNTY as an Additional Insured with CG 2026 Additional Insured-Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a

Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Department of Community Services". The AGENCY shall agree the Additional Insured endorsement provides coverage on a primary basis.

- f) Certificate of Insurance The AGENCY shall agree to deliver the County a certificate(s) of insurance evidencing the required insurance is in full force and effect within fifteen (15) calendar Days after receipt of Notification of Intent to Award, but in no event, later than the execution of the Contract by the County. A minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage shall be included on the certificate(s). Certificate Holder shall read:

Palm Beach County Board of County Commissioners
c/o Community Services Department Attn: Ryan White Prog.Mgr.
810 Datura Street Suite 200
West Palm Beach, FL 33401

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

1. The insurance company must be rated no less than "A" as to management, and no less than "Class VII" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent subject to the approval of the County Risk Management Division.

or,

2. The company must hold a valid Florida Certificate of Authority as shown in the latest "list of All Insurance Companies Authorized or Approved to Do Business in Florida", issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund.
3. Certificates of Insurance will indicate that no material adverse change, cancellation or non-renewal of coverage will be made without thirty (30) days advance written notice to Palm Beach County.

17. EQUAL OPPORTUNITY EMPLOYMENT

Proposers agree that there will be no discrimination as to race, gender, religion, color, age, disability, national origin, marital status, familial status, gender identity and expression or sexual orientation in regard to obligations, work, and services performed under the terms of any grant ensuing from this RFP. Proposers must agree to comply with Executive Order No. 11246 entitled "Equal Employment Opportunity" and as amended by Executive Order No. 11375, and as supplemented by the Department of Labor Regulations (41 CFR, Part 60).

18. CERTIFICATIONS, ASSURANCES, CASH FLOW COMMITMENT AND PUBLIC ENTITY CRIMES

No proposer shall be awarded or receive a County contract or management agreement for procurement of goods or services (including professional services) unless such proposer has submitted the completed Certifications, Assurances and Cash Flow Commitment.

In accordance with F.S. 287.133 (2) (a), persons and affiliates who have been placed on the convicted vendor list may not submit bids, contract with, or perform work (as a contractor, supplier, subcontractor or consultant) with Palm Beach County in excess of ten thousand dollars for a period of 36 months from the date of being placed on the convicted vendor list.

19. AMERICANS WITH DISABILITIES (ADA)

Proposers must meet all the requirements of the Americans With Disabilities Act (ADA), which shall include, but not be limited to, posting a notice informing service recipients and employees that they can file any complaints of ADA violations directly with the Equal Employment Opportunity Commission (EEOC), One Northeast First Street, Sixth Floor, Miami, Florida 33132.

20. NON-EXPENDABLE PROPERTY

- a. Non-expendable property is defined as tangible property of a non-consumable nature that has an acquisition cost of \$1000 or more per unit, and an expected useful life of a least one year (including books).
- b. All such property purchase requested in your proposal shall include a description of the property, the model number, manufacturer, and cost. An inventory of all property purchased with Ryan White funds must be attached to your proposal. (See attachment.)

21. PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL

Pursuant to Palm Beach County Code, Section 2-421 – 2-440, Palm Beach County has established the Office of the Inspector General, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. All contractors and parties doing business with the County and receiving County funds shall fully cooperate with the Inspector General. The Inspector General has the power to subpoena witnesses, administer oaths, require the production of records, and to audit, investigate, monitor, and inspect the activities of the contractor, its officers, agents, employees, and lobbyists in order to ensure compliance with contract specifications and to detect waste, corruption and fraud.

D. SCOPE OF SERVICES REQUESTED FROM THE PART A and MAI

In 2011, Palm Beach County was awarded a total of \$679,100 Ryan White MAI and \$8,102,550 Ryan White Part A Formula and Supplemental grant funds for the funding period ending February 29, 2012. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2012 through February 28, 2015. Allocation amounts have not yet been approved; therefore allocation amounts are not included.

Historically the CARE Council has allocated all of the MAI funding to Medical Case Management. If you are applying for MAI Medical Case Management funding please specify in your proposal, budget and work plan. Ensure that these items are separate from the other Part A funding.

The CARE Council priorities for the FY 2011 include maintaining support for existing HIV-related services in all geographic areas of the county. The County is seeking public, not-for-profit and private not for profit agencies (Form K) to provide the following services to persons who have HIV spectrum diseases:

Service categories Service Definitions are based on Ryan White Definitions and approved by the CARE Council. Priorities are approved by the CARE Council.

CORE SERVICES –

Priority #1

1.a. Outpatient/Ambulatory Medical Care (health services) Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, registered nurse, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

1 unit = 1 visit

1.b. Laboratory Diagnostic Testing HIV viral load testing, CD4/CD8, CBC with diff., blood chemistry profile, & other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, tuberculin skin-tests, AFB, pap smear, toxoplasmosa, hepatitis B, & CMV serologies) & all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease & its complications and have an established Florida Medicaid reimbursement rate.

1 unit = 1 lab test

1.c. Drug Reimbursement Program

Local Supplemental Drug Program

Provision of injectable and non-injectable prescription drugs, at or below Public Health service (PHS) price, and/or related supplies prescribed or ordered by a physician to prolong life, improve health, or prevent deterioration of health for HIV+ persons who do not have prescription drug coverage and who are not eligible for Medicaid, Health Care District, or other public sector funding, nor have any other means to pay. This service area also includes assistance for the acquisition of non-Medicaid reimbursable drugs.

ADAP Supplemental Drug Program

Program to expand Florida AIDS Drug Assistance Program (ADAP) locally by paying for FDA approved medications on the State of Florida ADAP formulary when the Florida ADAP is unable to pay for such medications for patients enrolled in the Florida ADAP program & patients are ineligible for other local health care programs which pay for these medications. Medications purchased under this program must be purchased at Public Health Services prices or less.

Nutritional Supplements

Provision of nutritional supplement prescribed as a treatment for diagnosed wasting syndrome. Counseling linked to Primary Medical Care, Nurse Care Management or Human Services Management.

Pediatric AZT.

All applicable federal, state and local requirements for pharmaceutical distribution systems must be followed. Services must be available throughout Palm Beach County.

1 unit = 1 prescription

1.d. Specialty Outpatient Medical Care Short term treatment of specialty medical conditions and associated diagnostic procedures for HIV positive patients based upon referral from a primary care provider, physician, physician assistant, registered nurse. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry.

Note: For the purpose of the Request for Proposals, primary care provided to persons with HIV disease is not considered specialty care. Providers must offer access to a range of specialty services.

1 unit = 1 visit

1.e. Oral health care Diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Service caps approved by the CARE Council must be adhered to. Clinical decisions must be informed by the American Dental Association Dental Practice Parameters.

1 unit = 1 dental visit

1.f. Early Intervention Services (EIS) Includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals to appropriate services based on HIV status; linkage to care and education and health literacy training for clients to help them navigate the HIV care system; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

Services shall be provided at specific points of entry. Coordination with HIV prevention efforts and programs as well as prevention providers is required. Referrals to care and treatment must be monitored. Grantee may modify targeted areas to include additional key points of entry.

Proposal must incorporate all four components of EIS: counseling, testing, referral, linkage. Funding for counseling and testing may not duplicate or supplant other local funding.

Reimbursed through Full Time Equivalent (FTE)

1 unit = 1 contact

1.g. Nurse Care Coordination A range of client-centered services provided by a registered nurse and coordinated with the client's primary outpatient healthcare provider, providing the Ryan White patient's main link with ongoing medical services.

Key activities include: 1) provides primary care as part of the clinical team, 2) triage for new problems, 3) provide health education and self-care education, 4) coordinate medical plan and specialty referrals, 5) implement and monitor home-based service plans, including home visits if necessary, 6) facilitate access to clinical trials, 7) guarantee patient access to clinical care five days per week, 8) coordinate in-patient and out-patient care, 9) conduct chart reviews for evaluation of services to Ryan White funded patients. Priority shall be given to proposals that deliver this service on a county wide basis, that are able to address the needs of patients in both public and private care, that demonstrate a clearly defined process for linking patients to clinical trials, and that are collaborative in nature.

1 unit = 15 minute visit

1.h. Health Insurance Premium & Cost Sharing Assistance Provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

An annual cost benefit analysis that includes an illustration of the greater benefit of using

Ryan White funds for Insurance/Costs-Sharing Program vs. having the client on ADAP. Documentation of the low income status of the client must be available. Insurance programs must cover comprehensive primary care services and a full range of HIV medications. Funds may not be used for social security.

1 unit = 1 month of assistance

1.j. Home and Community-based Health Services Includes skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

1 unit = 1 hour

1.l. Mental health services Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

1 unit = 1 hour

1.n. Medical Case Management services (including treatment adherence and peer mentoring)

Historically the CARE Council has allocated all of the MAI funding to Medical Case Management. If you are applying for MAI Medical Case Management funding please specify in your proposal, budget and work plan. Ensure that these items are separate from the other Part A funding.

Medical Case Management

A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes

all types of case management including face-to-face, phone contact, and any other forms of communication.

Case Management providers must be PAC Waiver providers or demonstrate that they have begun the PAC Waiver application process.

Medical Case Management services excludes determining/re-determining clients' eligibility.

1 unit = 15 minute visit

Average minimum case load requirement = 60

Standard Unit Cost \$15.00 (125% of the Medicaid Rate)

Peer Mentor Program

The goal of the Peer Mentor program is to improve HIV-related health outcomes and reduce health disparities for at risk communities through HIV peer education.

Peers shall be persons living with HIV from the community, not working as licensed clinical professionals, who share key characteristics with target population which shall include: a. community membership, gender, race/ethnicity, b. disease status or risk factors, c. sexual orientation, d. salient experiences, e.g. former drug use, sex work, incarceration. The Peer Mentor will use shared characteristics/experiences to act effectively as a trusted educator, mentor for adopting health behavior, role model, and empathic source of social and emotional support.

The contributions of HIV-positive peers shall include: adherence to medical care (keeping appointments, responding to physician referrals, and picking up medications); linking to medical care and support services; self-management of disease; emotional support and reduced risk behaviors.

Peer Mentor providers must be linked with all local Case Management agencies. Peer Mentor providers do not have to be PAC Waiver providers. Providers do not have to provide medical case management services.

1 unit = 15 minute visit

There is no Standard Unit Cost for the Peer Mentor Program

Treatment Adherence

Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Treatment Adherence providers do not have to be PAC Waiver providers. Treatment Adherence providers do not have to provide medical case management services.

1 unit = 15 minute visit

There is no Standard Unit Cost for Treatment Adherence

Substance abuse services outpatient Provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

1 unit = 1 hour

SUPPORT SERVICES

Priority #2 Case Management (non-Medical)

- A. **Supportive Case Management** Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Excludes determining/re-determining clients' eligibility.

1 unit = 15 minute visit

Average minimum case load requirement = 120 clients

Standard Unit Cost \$12.00

- B. **Determining Eligibility** Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Reimbursed through Full Time Equivalent (FTE)

Average number of eligibility screenings per year = 825

The Review Committee will develop an overall ranking for each eligibility proposal. The recommended eligibility proposals will then go through a County administrative panel review for comparative decision. The administrative panel will then review, discuss, and declare either: (1) the proposal(s) ranked the highest as its "finalist" and make its recommendation for award of the contract or (2) determine that it is not in the best interest of the County to award solely on the basis of the initial proposals and oral interviews, if conducted. In the latter instance, the administrative panel may form a competitive range, or short list, comprised of only those proposals that have a reasonable chance of being selected for award. The administrative panel may then hold discussions and negotiate with those proposers still within the competitive range. At the conclusion of discussions and negotiations, proposers may be asked to submit a Best and Final Offer (BAFO). The BAFO will be scored in the same manner as the original proposals and assigned rankings. The administrative panel will then declare the proposal ranked the highest as its "finalist" and make its recommendation for award of the contract or determine the project did not provide a viable alternative as stated in the purpose of the project.

The award, if any, will be made to the proposer whose proposal is considered to be the most advantageous to the County based on the administrative panel's opinion after review of every responsive proposal including, but not limited to, budget.

Priority #4 Housing Services

Provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

1 unit = 1 day

Priority #5 Residential Substance Abuse Treatment

Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

Provides room and board, substance abuse treatment and counseling, including specific HIV counseling in a secure, drug-free state-licensed residential (non-hospital) substance abuse detoxification and treatment facility. This treatment shall be short term. Anyone providing direct counseling services must possess postgraduate degrees in the appropriate counseling-related field, or be a Certified Addiction Professional (CAP). Part A funds may not be used for hospital inpatient detoxification.

1 unit = 1 day

Priority #6 Food bank/home-delivered meals Provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

1 unit = 1 voucher

Priority #7 Emergency financial assistance (EFA) Provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. EFA funds are only to be used as a last resort. Clients may receive up to 12 accesses per year for no more than a combined total of \$1,000 during the grant year.

1 unit = 1 emergency assistance

Priority #8 Medical transportation Includes conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Records must be maintained that track both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment). Clients shall not receive direct payment for transportation services.

1 unit = 1 trip/voucher

Priority #11 Legal services Provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

1 unit = 1 hour

Priority #15 Linguistics services Provision of interpretation and translation services. Types of linguistic services to be provided include oral interpretation and written translation as needed to facilitate communications and service delivery. Training and qualifications based on available State and local certifications are required.

1 unit = 15 minute visit

Additional Service

CARE Council Support

Planning council support staff is needed for a member support liaison position which includes staff support for the Community Awareness Committee and Membership Committee, professional support for public outreach events, membership recruitment, retention and training, as well as ensuring overall member support. This funding will cover member transportation and support reimbursement expenses.

SECTION III.

CONTENTS OF PROPOSAL AND INSTRUCTIONS

Instructions to Proposers: Proposals must contain each of the below enumerated documents, each fully completed, signed, and notarized where required. Proposer(s) are strongly encouraged to submit proposals which follow the prescribed format provided below and contained in the proposal submission checklist.

It is the responsibility of each Proposer to address all of the topics in this section. Section III.D need only be answered once. Sections C, E and F must be addressed separately, for each service you are proposing to provide. Responses are to consist only of the answers to the questions posed. **Extraneous material or information should be omitted.**

A. PROPOSAL FORM

Include on the Proposal Form the service(s) proposed to be provided and the amount of funds being requested to provide the service(s). This form must be signed by an officer of the Proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer. Please ensure that a check is placed by the MAI or Part A or both proposal options indicating the type of proposal.

B. TABLE OF CONTENTS

All pages of the proposal including the enclosures are to be clearly and consecutively numbered and keyed to the Table of Contents.

C. ABSTRACTS

Separate abstracts must be submitted, for each service proposed, to provide a summary of the proposal. Each abstract must include:

1. Name and brief description of proposing organization.
2. Summary of the number, demographics and geographic locale of clients to be served, the number of units of service to be provided, the budget request and unit cost(s).
3. Provide a brief description of the organization's involvement with the targeted community/area(s).

D. ORGANIZATION'S PROFILE

1. Describe your organization's principal purposes and its history of providing services to persons with HIV. Indicate the approximate number of clients served over what time period. Describe your agency's capabilities to respond to special

- client groups and to special client needs. Demonstrate cultural and linguistic sensitivities.
2. Describe the organization's general history and past experiences. State when it was organized and any major changes that have taken place. List the achievements and progress that have been made. State the full range of services that your organization currently provides. If your organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the ongoing operation of your organization.
 3. Describe the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status particularly highlight effort targeting the populations described in Section I.L.
 4. Describe how the organization ensures eligibility criteria are followed.
 5. Provide a list of staff or a spreadsheet with key professional staff who will be serving clients. Include the following information name, degree(s), years of experience, licensure(s).
 6. Enclose a current listing of the Board of Directors, Officers of the Organization and Advisory Council Members.
 7. Describe the ways in which your agency publicizes its program(s) to consumers, (i.e. newsletters, radio, television or primarily word of mouth), and the availability of its programs and services to the target population(s) and other service providers.
 8. Describe the organization's quality assurance program, including the process(s) used to monitor and control the quality of care. Identify standards adhered to in the provision of this service.
 9. Describe the organization's system for collecting and reporting both agency, administrative, and client level data. Explain the system to be utilized to ensure compliance with contract reporting requirements.
 10. Explain the organization's system for safeguarding the confidentiality of clients and the grievance procedure currently in place or that you propose to establish for these purposes.
 11. Describe how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Please detail your agency's efforts to comply with HIPAA regulations to the extent that such regulations are applicable to your agency. If your agency does not provide services that fall under HIPAA Privacy Rules, please provide a statement to that effect.
 12. Provide a statement and/or policies ensuring that your organization will serve all clients without regard to race, color, religion, marital status, familial status, sexual orientation, disability, ancestry, sex, age, national origin, gender identity and expression, and medical or mental condition.
 13. Provide proof of public and/or non-profit status. A copy of your 501c (3) must be included.
 14. Provide Inventory of Non-Expendable Property (Form I).

15. Provide Administrative Assessment of Potential Providers (Form J).
16. Provide current site locations (Form D).
17. Provide Agency Demographics **for MAI proposals only** (Form F).
18. Provide Affidavits (Forms H1 Certifications, H2 Assurances, H3 Cash Flow Commitment)

E. SERVICE(S) PROPOSAL

1. Describe your current or anticipated efforts, relating to the requested service(s), including the number of persons being served by gender, ethnicity and age, number and types of staff providing substantial amounts of the service, and the source(s), amount(s), and time period(s) of existing funding to provide this service to clients with HIV/AIDS. In addition, describe the community/geographic area(s), and socio-demographics including the economic status, literacy level, sexual orientation, sexual practices, and substance abuse habits of your target population.
2. Include a description of your proposed service approach and the rationale underlying the approach to be taken in providing the service. **No more than three (3) pages.** Provide a schedule of hours of operation for the proposed service(s). Indicate whether staff to provide the service(s) is on board or if recruitment will be necessary. Indicate whether or not staff will be licensed. Identify a staff person to serve as the Grant Agreement Coordinator or liaison. Said individual will monitor the contract provisions and must be available to meet with County to review activities on an "as needed" basis.
3. Discuss how this program will be linked to other programs within the organization, as well as to external resources within the continuum of care. Provide any materials your agency gives to clients informing them of available services (agency specific and/or county-wide). (The applicant should be able to refer clients effectively to other services, and be able to track the results of those referrals.) Describe any collaboration, linkage and/or co-linkage agreements that have been newly developed or renewed, specifically for this project or how your organization intends to handle such needs.
4. Explain specific barriers to the provision of services that exist in the population and area(s) proposed to be served (e.g., confidentiality and geographic barriers to services in the Glades). Address how your agency plans to reduce or alleviate these barriers, and your plans to ensure client access to the services that will be provided (e.g., bilingual staff, extended/weekend hours of service, co-location service agreements, the option of in-home services, childcare, incentives, transportation, etc.). Include Target Geographic Areas (Form E).
5. Describe program staff training process.
6. Provide Work Plan (Form A).
7. Provide Sliding fee scale.

F. LINE ITEM BUDGET(S) AND BUDGET NARRATIVE(S)

1. The Proposer(s) **MUST** submit a line item budget and budget narrative justification on the disc (Form C) using the categories below for each service area

the Proposer is submitting a proposal for. The budget and narrative should clearly justify the unit cost calculated and proposed. Each line item budget and budget narrative justification should immediately follow the corresponding "Proposed Service(s)" section. If administrative expenses are included in the proposal there must be a line item budget and budget narrative justification to show the administrative cost associated with providing delivery of that particular service. Failure to submit the line item budget and budget narrative justification with your proposal will **DISQUALIFY** your proposal for further consideration by the Evaluation/Selection Committee for award of funds.

Personnel	Supplies
Fringe Benefits	Contractual
Travel	Other (Identify)

- The line item budget(s) must include **all** program and administrative related expenses for which funds are being requested.
2. The successful grantee must have sufficient financial resources to meet the expenses incurred during the period between the service delivery and payment by the County. It is anticipated that the County will reimburse for services rendered within eight (8) weeks of the receipt of invoices, deemed correct and acceptable by the County.
 3. Administrative expenses of up to 10% are allowable in every category, but these must be specifically delineated, justified in the application and included in the cost per unit. Funds may be used to support specific HIV staff training which enhances an individual's or organization's ability to improve the quality of services to affected clients. These dollars, however, are considered to be administrative in nature and are subject to the aggregate 10% administrative cost cap.

G. STANDARDS OF CONDUCT FOR EMPLOYEES

Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate the conditions under which outside activities, relationships, or financial interest are proper or improper, and provide for notification of these kinds of activities, relationships, or financial interests to a responsible and objective institution official. For the requirements of code of conduct applicable to procurement under grants, see the procurement standards prescribed by 45 CFR Part 74, Subpart P and 45 CFR Part 92.36.

The rules of conduct must contain a provision for prompt notification of violations to a responsible and objective grantee official and must specify the type of administrative action that may be taken against an individual for violations. Administrative actions, which would be in addition to any legal penalty(ies), may include oral admonishment, written reprimand, reassignment, demotion, suspension, or separation. Suspension or separation of a key official *must* be reported promptly to the County as appropriate.

A copy of the rules of conduct must be given to each officer, employee, board member, and consultant of the recipient organization who is working on the grant supported project or activity and the rules must be enforced to the extent permissible under State and local law or to the extent to which the grantee determines it has legal and practical enforcement capacity.

The rules need not be formally submitted to and approved by the County; however, they must be made available for a review upon request, for example, during a site visit.

H. GRIEVANCE PROCEDURE

Individuals or entities directly affected by the outcome of a decision related to funding have standing to grieve the process of selecting and making contractual awards. However, due to the stringent time frames associated with the administration of grant funds, remedies sought through the grievance procedure are limited to future actions, and are not to be applied retroactively. For details on grievance procedures, call Channell Wilkins at (561) 355-4702.

I. LIST OF FORMS

All forms and information are on the CD and the website www.carecouncil.org. Below is a list of the forms and information.

1. Proposal Submission Checklist
2. Proposal Form B
3. Work Plan Form A
4. Budget Forms Form C
5. Current Service Site Location Form D
6. Target Geographic Areas Form E
7. Agency Demographics Form F
8. Affidavit Form H1. Certifications Form
9. Affidavit Form H2. Assurances
10. Affidavit Form H3. Cash Flow Commitment
11. Inventory of Non-Expendable Property Form I
12. Administrative Assessment of Potential Providers Form J
13. Eligibility Criteria
14. Review and Award Criteria
15. HRSA Letter Regarding Contracting with For-Profit Entities

PROPOSAL SUBMISSION CHECKLIST

	A	Proposal Form (Form B)*
	B	Table of Contents
	C	Abstract(s), please include one copy before each service proposal.*
	D	Organization's Profile
	1	Organizational History & Experience providing services to HIV+ clients
	2	General History and Range of Services
	3	Organization's Knowledge, Involvement, and Activities with the EIIHA efforts within PBC
	4	Eligibility monitoring
	5	Key Personnel Listing with Licensure Requirements
	6	Board of Directors, Officers of the organization, Advisory Council members
	7	Programs and services promotion/advertisement to clients and target populations
	8	Agency's Quality Assurance Program
	9	Data Collection and Reporting
	10	Confidentiality Safeguards
	11	Organization's Compliance with HIPAA
	12	Policies and Procedures (staff training, discrimination, etc.)
	13	Proof of Public and/or non-profit status*
	14	Inventory of Non-Expendable Property (Form I)

	15	Administrative Assessment of Potential Providers (Form J)
	16	Current Site Locations (Form D)
	17	Agency Demographics (Form F for MAI applicants only)*
	18	Copy of most recent Audit unless previously submitted (include statement to that effect)*
	19	Affidavits – Certifications (Form H1) *
	20	Affidavits – Assurances (Form H2)*
	21	Affidavits – Cash Flow Commitment (Form H3)*

	E	Service(s) Proposal, address individually for each proposed service
	1	Description of current or anticipated efforts regarding service
	2	Description of proposed service(s) 3 page limit per service, description of population, community and geographic area , specific barriers to the provision of services and the ways to overcome them*
	3	Description of efforts to link consumers to the continuum of care, including collaboration efforts
	4	Special Target Population(s) and/or Geographic Area(s) (Form E)
	5	Describe program staff training process
	6	Work Plan placed before budget narrative pertaining to the work plan. (# of Clients to be served & # of Units of service to be provided) (Form A)*
	7	Sliding fee scale*
	8	Line Item Budget(s) and Budget Narrative(s) justification (Form C)*

SUGGESTION: In addition to the grant writer, a member of your Board of Directors or someone from your program staff should review your application for content and form. Have them read through this RFP, and then let them pretend that they are on the independent review panel: have them read through your application, paying special attention to the narrative

information that you have provided, and using the Review and Award Criteria as a basis for their review and comment.

PROPOSAL DUE NO LATER THAN October 24, 2011 AT 5:00 P.M.

**ITEMS MARKED WITH AN ASTRISK (*) ON THE PROPOSAL
SUBMISSION CHECK LIST MUST BE PROVIDED OR
PROPOSAL WILL BE DEEMED NON-RESPONSIVE AND WILL
NOT BE CONSIDERED.**

PROPOSAL FORM

PART A	MAI

Full, Legal Name or Organization	Local Address of Organization

Telephone Number	Fax Number

Name of Contact	Telephone Number

Proposed Service(s)	Total Request (\$)	Proposed Service(s)	Total Request (\$)

I certify that all of the information contained in this proposal is true and accurate. I further understand that material omission or false information contained in this proposal constitute grounds for disqualification of the Proposer(s) and this proposal.

Signature	Typed Name	Title	Date

Corporate Seal

OR

Sworn to and subscribed before me this _____ day of _____, 20

NOTARY PUBLIC, State of Florida
at Large

WORK PLAN

Service:

APPLICANT: _____

AREA TO BE SERVED _____

OBJECTIVE(S)	ACTIVITIES	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service.</p> <p>2. Impact Statement: When the objective is accomplished what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p>			<p>Indicate any other program in your agency or other agencies in the community, which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>

WORK PLAN

Service: _____

APPLICANT: _____

AREA TO BE SERVED _____

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service.</p> <p>2. Impact Statement: When the objective is accomplished what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p>			<p>Indicate any other program in your agency or other agencies in the community, which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>

BUDGET NARRATIVE SUMMARY

Proposed Service: _____

Agency Name: _____

Budget Period: _____

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	0	0	0	
B. Fringe Benefits	0	0	0	
C. Travel	0	0	0	
D. Equipment	0	0	0	
E. Supplies	0	0	0	
F. Contractual	0	0	0	
G. Other	0	0	0	
Total	0	0	0	

BUDGET NARRATIVE

Service:

Agency:

Budget Period:

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	0	0	0
2. Foundations			0
3. Other Grants			0
4. Fund Raising			0
5. Contributions/Legacies/Bequests			0
6. Membership Dues			0
7. Program Service Fees and Sales to the Public			0
8. Investment Income			0
9. In Kind			0
10. Miscellaneous Revenue			0
11. Total Revenue	0	0	0

BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 3 of 6

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	0	0	0
13. <u>Employee Benefits</u>			0
a. FICA			
b. FI Unemployment			0
c. Workers' Compensation			0
d. Health Plan			0
e. Retirement			0
14. Sub-Total Employee Benefits	0	0	0
15. Sub-Total Salaries & Benefits	0	0	0
16. <u>Travel</u>			
a. Travel/Transportation			0
b. Conferences/Registration/Travel			0
17. Sub-Total Travel	0	0	0

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 4 of 6

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)			0
19. <u>Supplies</u>			
a. Office Supplies			0
b. Program Supplies			0
20. Sub-Total Supplies	0	0	0
21. Contractual (Attach sheet showing details if more space needed)			0
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD			0
2. Postage & Shipping			0
3. Utilities (Power/Water/Gas)			0
Sub-Total Communications/Utilities	0	0	0

BUDGET NARRATIVE

Exhibit "B"
 Section _____
 Page 5 of 6

Service:

Agency:

Budget Period:

Expenditures	Administration Amount	Program Amount	Total Services Cost
B. Food Service			0
C. <u>Rental</u>			
1. Building			0
2. Equipment			0
Sub-Total Rental	0	0	0
D. <u>Repair & Maintenance</u>			
1. Building Maintenance			0
2. Equipment Maintenance			0
Sub-Total Repair & Maintenance	0	0	0
E. Specific Assistance to Individuals			0
F. Dues & Membership			0

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 6 of 6

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions			0
H. Training & Development			0
I. Printing Envelopes, business cards for staff			0
J. Copy Cost			0
K. Advertising			0
L. Audit Fees			0
M. Office Furniture and Equipment (Attach a sheet showing details)			0
N. Miscellaneous			0
O. Professional Services			0
23. Sub-Total Other	0	0	0
24. Total Expenditures	0	0	0
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)			

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

SALARIES PER SERVICE

Exhibit "B"
 Section _____
 Page 1 of 1

Service:

Agency:

Budget Period: March 01, 20 to February 28, 20

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs. Per Days	Hourly Rate	Total Salary (5 X 6 X 7)	Percentage Charge	Admin	Program	Total
Positions:											
Sub-Total Salaries											

C1-RV8.WK1
 If not requesting 100 % funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source
 Use additional sheets if necessary.

BUDGET NARRATIVE SUMMARY

Proposed Service: _____
Agency Name: _____
Budget Period _____

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	0	0	0	
B. Fringe Benefits	0	0	0	
C. Travel	0	0	0	
D. Equipment	0	0	0	
E. Supplies	0	0	0	
F. Contractual	0	0	0	
G. Other	0	0	0	
Total	0	0	0	

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 2 of 6

Service:

Agency:

Budget Period:

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	0	0	0
2. Foundations			0
3. Other Grants			0
4. Fund Raising			0
5. Contributions/Legacies/Bequests			0
6. Membership Dues			0
7. Program Service Fees and Sales to the Public			0
8. Investment Income			0
9. In Kind			0
10. Miscellaneous Revenue			0
11. Total Revenue	0	0	0

BUDGET NARRATIVE

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	0	0	0
13. <u>Employee Benefits</u>			
a. FICA			0
b. FI Unemployment			0
c. Workers' Compensation			0
d. Health Plan			0
e. Retirement			0
14. Sub-Total Employee Benefits	0	0	0
15. Sub-Total Salaries & Benefits	0	0	0
16. <u>Travel</u>			
a. Travel/Transportation			0
b. Conferences/Registration/Travel			0
17. Sub-Total Travel	0	0	0

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 4 of 6

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)			0
19. <u>Supplies</u>			
a. Office Supplies			0
b. Program Supplies			0
20. Sub-Total Supplies	0	0	0
21. Contractual (Attach sheet showing details if more space needed)			0
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD			0
2. Postage & Shipping			0
3. Utilities (Power/Water/Gas)			0
Sub-Total Communications/Utilities	0	0	0

BUDGET NARRATIVE

Service:

Agency:

Budget Period:

Expenditures	Administration Amount	Program Amount	Total Services Cost
<i>B. Food Service</i>			0
<i>C. Rental</i>			
1. Building			0
2. Equipment			0
Sub-Total Rental	0	0	0
<i>D. Repair & Maintenance</i>			
1. Building Maintenance			0
2. Equipment Maintenance			0
Sub-Total Repair & Maintenance	0	0	0
E. Specific Assistance to Individuals			0
F. Dues & Membership			0

BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 6 of 6

Service:

Agency:

Budget Period: _____

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions			0
H. Training & Development			0
I. Printing Envelopes, business cards for staff			0
J. Copy Cost			0
K. Advertising			0
L. Audit Fees			0
M. Office Furniture and Equipment (Attach a sheet showing details)			0
N. Miscellaneous			0
O. Professional Services			0
23. Sub-Total Other	0	0	0
24. Total Expenditures	0	0	0
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)			

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

SALARIES PER SERVICE

Service:

Agency:

Budget Period: March 01, 20 to February 28, 20

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Days	Hourly Rate	Total Salary (5 X 8 X X 7)	Percentage Charge	Admin	Program	Total
Positions:											
Sub-Total Salaries											

C1-RW8.WK1
If not requesting 100 % funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source
Use additional sheets if necessary.

Ryan White HIV/AIDS Treatment Extension Act of 2009 - Part A Funding

Agency Name:

EXHIBIT "B"

Budget Period: 03/01/20 to 02/28/20

Service Category									
Category	(1)	(2)							Total-All Programs
A. Personnel	0	0							0
B. Fringe Benefits	0	0							0
C. Travel	0	0							0
D. Equipment	0	0							0
E. Supplies	0	0							0
F. Contractual	0	0							0
G. Other	0	0							0
Total	0	0							0

TOTAL SALARIES BY SERVICE

Exhibit "B"

Agency: _____

Budget Period: 03/01/20_____ to 02/28/20_____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Annual Salary	Service Category									Total
		(1)	(2)								
Positions/Salaries											
		-	-								-
		-	-								-
		-	-								-
Sub-Total Salaries		-	-	-	-	-	-	-	-	-	-

TOSAL-RW.WK1
Use additional sheets if necessary.

TOTAL RYAN WHITE BUDGET

Agency: _____

Agency Budget for Fiscal Year 03/01/20__ to 02/28/20__

EXPENDITURES	(1)	(2)	-	-	-	-	-	-	TOTAL
B. Food Services	-	-							-
1. Building	-	-							-
2. Equipment	-	-							-
Sub-Total Rental	-	-	-	-	-	-	-	-	-
1. Building Maintenance	-	-							-
2. Equipment Maintenance	-	-							-
Sub-Total Repair & Maintenance	-	-							-
E. Specific Assistance to Individuals	-	-							-
F. Dues & Membership	-	-							-
G. Subscriptions	-	-							-

TOTAL RYAN WHITE BUDGET

Agency: _____

Agency Budget for Fiscal Year 03/01/20__ to 02/28/20__

EXPENDITURES	(1)	(2)	-	-	-	-	-	-	TOTAL
H. Training & Development	-	-							-
I. Printing	-	-							-
J. Copy Cost	-	-							-
K. Advertising	-	-							-
L. Audit Fees	-	-							-
M. Office Furniture and Equipment	-	-							-
N. Insurance and Computer support	-	-							-
O. Professional Services	-	-							-
25. Sub-Total Other	-	-	-	-	-	-	-	-	-
28. Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

All Financial Information Rounded to Nearest Dollar

FORM C: TOTAL AGENCY BUDGET

Agency Name: _____
 Program Name: AGENCY BUDGET

Fiscal Year

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
d. Equipment Rental/ Maintenance	0										0
e. Specific Assistance to Individuals	0										0
f. Dues & Subscriptions	0										0
g. Training & Development	0										0
h. Awards & Grants											0
i. Sponsored Events											0
j. Payments to Off. Organizations											0
K. Litigation Cost											0
l. Miscellaneous											0
25. Sub-Total Other	0	0	0	0	0	0					0
26. Indirect Costs											0
27. Capital Expenses (Equipment)											0
28. Total Expenditures	0	0	0	0	0	0					0

All Financial Information Rounded to Nearest Dollar

Listing of Pay Periods & Pay Days for the Contract Period

	Pay Periods	Pay Days
1.	-	
2.	-	
3.	-	
4.	-	
5.	-	
6.	-	
7.	-	
8.	-	
9.	-	
10.	-	
11.	-	
12.	-	
13.	-	
14.	-	
15.	-	
16.	-	
17.	-	
18.	-	
19.	-	
20.	-	
21.	-	
22.	-	
23.	-	
24.	-	
25.	-	
26.	-	

EQUIPMENT INVENTORY FORM

DATE:

NAME :

VENDOR	DESCRIPTION OF ITEM	DATE OF PURCHASED	PHYSICAL LOCATION	TOTAL PURCHASE PRICE	DATE OF DISPOSED	PROCEEDS REALIZED	Check#
	TOTAL						

Organization Name: _____

FORM "D"

CURRENT SERVICE SITE LOCATIONS

Provide information about the current service sites of the organization. Delineate the services provided at each site.

#	Name of the Site	Location (address)	List of Service Provided at this site
1			
2			
3			
4			
5			
6			
7			

Organization Name: _____

Service Category Name: _____

TARGET GEOGRAPHIC AREA

One form must be filled out for each service category for which funding is being requested.

Indicate for the service listed above, if the services will be provided county wide or targeted to residents of specific geographic areas. If targeted to a specific area(s), indicate which is (are) targeted. Also indicate the existing sites where these services will be provided using the site number(s) from form "D" (Current Service Site Locations). If the proposed services it to be provided at a new site, indicate "NEW" and the planned location of the new site.

Targeted Geographic Area		Specific Areas Targeted	Sites Utilized
Countywide	Geographic Area	Required for geographic based area for targeted population	List number from form D or indicate "NEW" with planned location

Countywide: Services provided at a central service site to which clients travel from throughout the county.

Geographic Area: Services provided at a central site located in either Western, Southern or Coastal area of the county.

Organization Name: _____

	TOTAL AGENCY						HIV/AIDS Direct Services					
	BOARD OF DIRECTORS		STAFF		UNDUPLICATED CLIENTS		STAFF		UNDUPLICATED CLIENTS		OTHER VOLUNTEERS	
	#	%	#	%	#	%	#	%	#	%	#	%
White, not Hispanic												
Black, not Hispanic												
Haitian												
Hispanic												
Asian/Pacific Islander												
American Indian/Alaska Native												
Not Specified												
TOTAL MINORITY												
TOTAL WHITE												
TOTAL WOMEN												
TOTAL MEN												
Gay/Lesbian/Bisexual*												
PWHIV/PWA*												

* Give the number of persons on our Board of Directors and HIV/AIDS program staff who openly self-identify as such

Please indicate whether or not your organization classifies itself as a "minority" organization: Yes/No

If your Board of Directors and/or staff are not reflective of the agency's client population, briefly explain any steps to rectify this situation.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

CASH FLOW COMMITMENT

As the authorized representative of the applicant agency, I hereby certify that our agency has adequate cash available (or access to a credit line) to cover up to two (2) months cash expenses.

Authorized Representative

Date

PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES
ADMINISTRATIVE ASSESSMENT
OF

Agency: _____

No. of employees: _____

Address: _____

No. of locations: _____

Director's Name: _____

Date: _____

Administrative Assessment: An assessment of your organization's managerial, financial, and administrative capabilities will be made partially on the basis of your response to the following questions. If responses other than "yes" need to be made, please reference the appropriate question and give an explanation on a separate page. This information must be completed and returned with your response to our Request for Proposals.

1. **Property Management**

YES NO OTHER
 (Explain) (Explain)

a. Responsible individual is: _____

b. Are property records maintained which describe the equipment, including the manufacturer's model number, equipment identification number, acquisition date, location and condition of equipment?

c. Has an annual inventory been taken and recorded?

2. **Procurement**

a. Responsible individual is: _____

b. Are written purchasing policies for procurement of supplies, equipment, operational services, and subcontract services on file? _____

c. Is a written code of conduct maintained which governs performance of the officers, employees or agents engaged in procurement which states that they will avoid any conflict of interest? _____

3. **Accounting**

a. Are financial reports prepared monthly for internal management purposes? _____

b. Does an independent auditor perform a certified audit annually? _____

c. Are basic books of accounting maintained?
- General ledger
- Project/Program ledgers
- Accounts receivable/cash receipt journal
- Account payable/cash disbursement journal

d. Is there adequate segregation of duties among personnel in accounting functions listed below?
- Is payroll prepared by someone other than the timekeepers and persons who deliver paycheck to employees?
- Are duties of bookkeeper separate from cash-related functions?

Is the signing of checks limited to those authorized to make disbursements and whose duties exclude posting, recording or cash received and payroll preparation?

YES NO OTHER
(Explain) (Explain)

3. **Accounting - Continued**

- Are personnel performing disbursement functions excluded from the purchasing, receiving, inventory, and general ledger functions?
- Are all employees, officers, and agents who are authorized to sign checks and handle funds properly bonded?

4. **Revenue**

a. Are receipts recorded in a cash receipt journal by individual cost centers and/or funding source? _____

f. Are cash receipts from accounts receivable or other sources not commingled/mixed with petty cash funds?

g. Are disbursements from the petty cash fund based on approved supporting documents and/or invoices?

7. **Personnel**

a. Responsible individual is: _____

b. Are personnel policies in writing and approved by appropriate authority?

c. Is a complete personnel record kept on each person employed?

d. Are job descriptions provided to all employees at time of initial employment?

e. Are job descriptions on file for all positions?

f. Is each staff member appraised on performance, at least annually?

g. Are staff members asked to review and comment on their evaluation?

Eligibility Criteria for Palm Beach County HIV/AIDS Services Provided by Ryan White Part A

Outpatient Primary Medical Care*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Lab*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Nurse Care Coordination*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Specialty Medical Care*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Health Insurance	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Drug Reimbursement*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Oral Health*	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
Home Health Care/Home and Community Based Health Services	HIV+	At or below 400% FPL	Does not have access to another payer source	Home Health Aide services authorized by ongoing reauthorization	Durable Medical Equipment (DME) services require doctor's order
Early Intervention Services/Outreach	HIV+				
Treatment Adherence	HIV+				
Substance Abuse Outpatient	HIV+	At or below 400% FPL	Does not have access to another payer source	Evaluation by Certified Addiction Professional (CAP) determining outpatient treatment is necessary	
Substance Abuse Residential Treatment	HIV+	At or below 400% FPL	Does not have access to another payer source	Evaluation by Certified Addiction Professional (CAP) determining residential treatment is necessary	
Medical Case Management Services	HIV+	At or below 400% FPL	Does not have access to another payer source		

Non Medical/Support Case Management Services	HIV+	At or below 400% FPL	Does not have access to another payer source		
Food Bank/ Home Delivered Meals	HIV+	At or below 150% FPL	Resources resulting in \$75.00 food stamps per person per household a month or less	Must apply for and maintain enrollment in Food Assistance Program (food stamps)	
Medical Transportation	HIV+	At or below 150% FPL	No other available transportation resources and Palm Tran Connection denial or pending	Must be enrolled in medical and/or support services	
Mental Health Services	HIV+	At or below 400% FPL	Does not have access to another payer source		
Legal Services	HIV+	At or below 400% FPL	Does not have access to another payer source		
Emergency Financial Assistance	HIV+	At or below 400% FPL	Does not have access to another payer source	Up to 12 accesses/year for no more than a combined total of \$1,000 during grant year	Documented need for assistance based on income/expense ratio

* Clients over 400% FPL who are currently receiving medical services may continue to do so until June 30, 2012, at which time they will no longer be eligible.

Prepared by the Ryan White Part A Grantee Office, 810 Datura Street, West Palm Beach, 561-355-4730.
Revised June 27, 2011

Review and Award Criteria

ITEMS MARKED WITH AN ASTRISK (*) ON THE PROPOSAL SUBMISSION CHECK LIST MUST BE PROVIDED OR PROPOSAL WILL BE DEEMED NON-RESPONSIVE AND WILL NOT BE CONSIDERED.

Complete applications (see Proposal Submission Check List) will be reviewed and evaluated using the following outline:

Applicant Capability and Experience - 30 points:

- Does the applicant adequately describe the organization's principal purposes and its history of providing services to persons with HIV demonstrating programmatic experience in the successful provision of the direct services proposed? If not, has the organization provided other services to the targeted population?
- Does the applicant describe the agency's capabilities to respond to special populations and populations disproportionately impacted (described in Section I.L) and to special client needs including cultural and linguistic sensitivities?
- Does the applicant adequately describe the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County including efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status (particularly highlight effort targeting the populations described in Section I.L)?
- Does the applicant describe effective ways in which the agency publicizes its program(s) to consumers, (i.e. newsletters, radio, television or primarily word of mouth), and the availability of its programs and services to the target population(s) and other service providers?
- Does the applicant adequately explain eligibility criteria and the determination and monitoring thereof? Are the eligibility criteria easily accessible to clients?
- Does the appended supporting documentation convincingly substantiate the applicant's administrative and programmatic abilities?
- **MAI Applicants Only:** Does the applicant meet the requirements for MAI funding described in the RFP?

Target Population, Approach and Method - 40 points:

- Does the applicant describe the current or anticipated efforts, relating to the requested service(s), including the number of persons being served by gender, ethnicity and age, community/geographic area(s), and socio-demographics including the economic status, literacy level, sexual orientation, sexual practices, and substance abuse habits number and types of staff providing substantial amounts of the service, and the source(s), amount(s), and time period(s) of existing funding to provide this service to clients with HIV/AIDS and where it will find the clients?

- Does the applicant present a realistic plan to deliver HIV/ AIDS direct services including how the program will be linked to other programs within the organization, as well as to external resources within the continuum of care and how that will lead to enhancing and improving access to care?
- Does the applicant adequately explain specific barriers to the provision of services that exist in the population and area(s) proposed to be served (e.g., confidentiality and geographic barriers to services in the Glades) and how the agency plans to reduce or alleviate these barriers, and the plans to ensure client access to the services that will be provided (e.g., bilingual staff, extended/weekend hours of service, co-location service agreements, the option of in-home services, childcare, incentives, transportation, etc.)?
- Overall, does the applicant convincingly state the need for this particular program?
- Overall, will this project be an effective use of CARE Act funds?

Financial Information - 30 points:

- Is the applicant's proposed project budget an appropriate and reasonable request?
- Does the applicant identify other resources that will support this program or leverage other resources?
- Does the budget provide a basis for the level of service proposed and the number of clients targeted?
- Does the applicant's project appear to be cost effective?
- Does the applicant have the financial ability to provide these services without Ryan White monies?
- Has the applicant included all the required forms, certifications and assurances?

ITEMS MARKED WITH AN ASTRISK (*) ON THE PROPOSAL SUBMISSION CHECK LIST MUST BE PROVIDED OR PROPOSAL WILL BE DEEMED NON-RESPONSIVE AND WILL NOT BE CONSIDERED.

Policy Notice-11-02: Clarification of Legislative Language Regarding Contracting with For Profit Entities

History: First issued March 6, 1997, to Parts A and B of the Ryan White HIV/AIDS Program Grantees as a "Dear Colleague" letter; reissued on June 1, 2000.

Parts A, B and C of the Ryan White HIV/AIDS Program permit Grantees to contract with for-profit entities under certain limited circumstances. Specifically, Parts A, B and C funds may be used to "*provide direct financial assistance*" through contracts with "*private for-profit entities if such entities are the only available provider of quality HIV care in the area.*"¹ This Program policy provides formal clarification of this legislative language.

1. Based on the Ryan White HIV/AIDS Program legislative limitations, Parts A, B, and C Grantees and other contracting agents including Part B Consortia must observe the following conditions when developing and implementing Requests for Proposals (RFP) and other local procurement procedures.
 - a. "*Only available provider*" means that there are no non-profit organizations able and willing to provide a particular "*quality HIV/AIDS care*" (core medical or support service), and the Grantee or the contracting agent has documented this fact.
 - b. "*Quality HIV/AIDS care*" must be defined in a reasonable manner and take into account clinical performance measures issued by the Health Resources and Services Administration's HIV/AIDS Bureau. Quality HIV/AIDS care **may not** be defined exclusively as a numerical score in a RFP process (i.e., all funds go to the highest scored proposal, regardless of corporate status). An entity may only be deemed incapable of providing quality HIV/AIDS care if written documentation of substantive deficiencies of quality care exists.
 - c. Cost of service **may not** be the sole determinant in the vendor selection processes, whether internal or external (i.e., all funds go to the lowest bidder regardless of corporate status). However, Grantees and contracting agents should not overlook cost considerations in developing and implementing RFP processes and are in fact expected to seek maximum productivity for each Ryan White HIV/AIDS Program dollar.
 - d. Grantees and contracting agents must prohibit non-profit contractors from serving as conduits who pass on their awards to for-profit corporations, and may find it necessary to monitor membership of corporate boards to enforce this prohibition. Federal Grants Management Policy is clear that eligibility requirements that apply to first-level entities cannot be evaded by passing awards through to second- or subsequent-level entities that could not have received awards in the original competition. Ultimately, the primary Grantee remains the responsible fiscal agent for the federal funds.

¹ Sections 2604(b), 2613(a)(1), 2651(e)(3), and 2652(b)(1)(B) of the Public Health Service Act.

- e. Proof of non-profit status (local and/or state registration and approved articles of incorporation) should be required of all provider/contractor applicants claiming such status. Grantees and contracting agents are also strongly advised to require copies of letters of determination from the Internal Revenue Service.
 - f. Parts A, B and C Grantees and their contracting agents **may not** contract with non-profit and for-profit entities for the same service in the same geographic area unless qualified non-profit providers do not have the capacity to meet identified need.
 - g. Failure to comply with the above requirements may result in required return of Parts A, B or C funds to the federal government, suspension of grant awards, or other remedies deemed necessary.
2. When developing and publishing RFP materials, Parts A, B and C Grantees and/or their contracting agents are strongly encouraged to include disclaimers advising private for-profit organizations of the significant legislative barriers to receiving contracts. Alternatively, and if local/state regulations and laws allow it, Grantees may seek to define "qualified applicants" at the beginning of the process in a way which would save private for-profit organizations the time and effort needed to develop applications, which could not be considered for funding.

Questions about this program policy should be directed to the Grantee's Project Officer.

Ryan White GY 2012 Award Recommendations
Per HRSA, administration is limited to 10% of the award.

Proposed Service	Agency	CARE Council Allocation	Request	Proposed Award		Average Score
				Part A	MAI	
Outpatient/Ambulatory Medical Care						
Part A	FoundCare, Inc.		\$ 36,000	\$36,000		94.75
Part A	Palm Beach County Health Department		\$ 647,460	\$647,460		99
Part A	Treasure Coast Health Council, Inc.		\$ 20,000	\$0		99
Total		\$850,000		\$683,460		
Laboratory Diagnostic Testing						
Part A	FoundCare, Inc.		\$ 66,000	\$66,000		96
Part A	Palm Beach County Health Department		\$ 896,678	\$896,678		99.25
Part A	Treasure Coast Health Council, Inc.		\$ 20,000	\$0		98.25
Total		\$1,050,000		\$962,678		
Drug Reimbursement Program						
Part A	Health Care District of Palm Beach County		\$ 760,000	\$760,000		84.2
Part A	Health Care District of Palm Beach County		\$ 15,403	\$15,403		82.2
Total		\$778,484		\$775,403		
Specialty Outpatient Medical Care						97.5
Part A	Treasure Coast Health Council, Inc.		\$ 432,185	\$350,000		
Total		\$350,000		\$350,000		
Oral Health Care						
Part A	FoundCare, Inc.		\$ 39,000	\$1,000		94.25
Part A	Palm Beach County Health Department		\$ 425,700	\$425,700		99.25
Total		\$426,737		\$426,700		
Early Intervention Services						
Part A	Compass, Inc.		\$ 125,000	\$0		83.5
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 280,731	\$0		93.5
Part A	Minority Development and Empowerment, Inc.		\$ 164,845	\$0		63.75
Part A	Palm Beach County Health Department		\$ 156,000	\$156,000		99
Total		\$190,000		\$156,000		
Nurse Care Coordination						
Part A	FoundCare, Inc.		\$ 20,000	\$20,000		94
Part A	Palm Beach County Health Department		\$ 76,000	\$76,000		99.25
Total		\$99,695		\$96,000		
Health Insurance Premium & Cost Sharing Assistance						
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 299,249	\$235,000		94.5
Part A	Palm Beach County Health Department		\$ 10,000	\$0		93.5
Part A	Treasure Coast Health Council, Inc.		\$ 30,100	\$0		96.5
Total		\$235,000		\$235,000		
Home and Community Based Health Services						
Part A	FoundCare, Inc.		\$ 122,011	\$77,017		91.25
Total		\$77,017		\$77,017		

Mental Health Services						
Part A	Compass, Inc.		\$ 80,000	\$65,951		87.75
Part A	FoundCare, Inc.		\$ 156,148	\$23,742		93.75
Part A	Minority Development and Empowerment, Inc.		\$ 128,124	\$0		64.5
Total			\$89,693	\$89,693		
Medical Case Management Services						
MAI	Minority Development and Empowerment, Inc.		\$ 145,778	\$0		71
Part A	Compass, Inc.		\$ 270,000	\$159,131		87
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 2,295,762	\$835,438	\$577,235	94
Total			Part A: \$994,569	\$994,569		
Total			MAI: \$577,235		\$577,235	
Peer Mentor Program						
Part A	Compass, Inc.		\$ 50,000	\$0		49.75
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 205,842	\$205,842		94
Part A	Minority Development and Empowerment, Inc.		\$ 127,350	\$0		55.5
Part A	Palm Beach County Health Department		\$ 41,500	\$41,500		98
Total			\$250,000	\$247,342		
Treatment Adherence						
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 75,602	\$0		91.25
Part A	Palm Beach County Health Department		\$ 124,000	\$115,526		98.75
Total			\$115,526	\$115,526		
Substance Abuse Services Outpatient						
Part A	Gratitude House, Inc.		\$ 17,120	\$17,120		81.4
Total			\$18,456	\$17,120		
Case Management (Non Medical)						
Supportive Case Management						
Part A	Compass, Inc.		\$ 75,000	\$75,000		86.5
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 201,599	\$25,000		96.25
Total			\$100,000	\$100,000		
Case Management (Non-Medical)						
Determining Eligibility*						
Part A	Compass, Inc.		\$ 70,000	\$0		84.25
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 497,168	\$0		93
Part A	Treasure Coast Health Council, Inc.		\$ 543,121	\$0		97.25
	Department will negotiate with applicants			\$653,511		
Total			\$653,511	\$653,511		
Housing Services						
Part A	FoundCare, Inc.		\$ 143,456	\$0		94.75
Total			\$0	\$0		
Substance Abuse Services: Residential						
Part A	FoundCare, Inc.		\$ 30,940	\$3,000		93.5
Total			\$3,000	\$3,000		
Food Bank/Home Delivered Meals						
Part A	Compass, Inc.		\$ 12,000	\$12,000		89.25
Part A	FoundCare, Inc.		\$ 201,236	\$162,035		91.75
Total			\$174,035	\$174,035		

Emergency Financial Assistance						
Part A	Compass, Inc.		\$ 10,000	\$10,000		93.75
Part A	FoundCare, Inc.		\$ 89,840	\$54,491		94.5
Part A	Minority Development and Empowerment, Inc.		\$ 13,199	\$0		64.75
	Total		\$64,491	\$64,491		
Medical Transportation						
Part A	Compass, Inc.		\$ 8,000	\$8,000		93.5
Part A	FoundCare, Inc.		\$ 147,048	\$103,954		91.25
Part A	Minority Development and Empowerment, Inc.		\$ 9,504	\$0		70.75
	Total		\$111,954	\$111,954		
Legal Services						
Part A	Legal Aid of Palm Beach County, Inc.		\$ 270,000	\$255,000		94.4
	Total		\$255,000	\$255,000		
Linguistic Services						
Part A/MAI	Comprehensive AIDS Program, Inc.		\$ 217,565	\$0		87.75
	Total		\$0	\$0		
CARE Council Support						
Part A	Treasure Coast Health Council, Inc.		\$ 103,000	\$103,000		98
	Total		\$103,000	\$103,000		

* All applicants were non-responsive. The department will negotiate with the applicants.
cut off score set at 75% unless no other applicant



Ryan White Request for Proposals Funding Recommendation Narrative

The description below contains the rationale for the staff recommended Ryan White Program GY 2012 funding, based on the outcome of the recently issued Request for Proposals (RFP).

Outpatient/Ambulatory Medical Care (health services)

1 unit = 1 visit

Recommendation: Funding for Palm Beach County Health Department and Foundcare, Inc., which currently provide the service. Both received high scores. The funding amount is for the full amount requested. Treasure Coast Health Council, Inc. is currently ineligible, because they propose to establish contracts with for-profit providers. Per HRSA Policy Notice 11-02 we are not able to reimburse for services provided by a for-profit entity if there is a public provider able to provide the service. This policy is attached to the RFP.

Laboratory Diagnostic Testing

1 unit = 1 lab test

Recommendation: Funding for Palm Beach County Health Department and Foundcare, Inc., which currently provide the service. Both received high scores. The funding amount is for the full amount requested. Treasure Coast Health Council, Inc. is currently ineligible, because they propose to establish contracts with for-profit providers. Per HRSA Policy Notice 11-02 we are not able to reimburse for services provided by a for-profit entity if there is a public provider able to provide the service. This policy is attached to the RFP.

Drug Reimbursement Program

1 unit = 1 prescription

Recommendation: Funding for Health Care District of Palm Beach County, which currently provides the service, with the exception of Pediatric AZT services. The Health Care District of Palm Beach County was the only applicant for this service. The funding recommendation is for the full amount requested. There were no applicants for Pediatric AZT services.

Specialty Outpatient Medical Care

1 unit = 1 visit

Recommendation: Funding for Treasure Coast Health Council, Inc., (TCHC) which currently provides the service. TCHC was the only applicant. The amount awarded is less than the request due to the amount allocated by the CARE Council.

Oral Health Care

1 unit = 1 dental visit

Recommendation: Funding for Palm Beach County Health Department (PBCHD) and Foundcare, Inc., which currently provide the service. Both applications received high scores. The PBCHD funding amount is for the full amount requested, since they have an existing program. Foundcare Inc.'s dental program is not currently implemented, so it is recommended that they received most of the balance of the funding allocated by the CARE Council.

Early Intervention Services (EIS)

Reimbursed through Full Time Equivalent (FTE)

Recommendation: Funding for Palm Beach County Health Department which has the highest score. The funding amount is for the full amount requested. The CARE Council only allocated enough funding for one program.

Nurse Care Coordination

1 unit = 15 minute visit

Recommendation: Funding for Palm Beach County Health Department and Foundcare, Inc. which currently provide the service. The funding is for the full amount requested.

Health Insurance Premium & Cost Sharing Assistance

1 unit = 1 month of assistance

Recommendation: Funding for Comprehensive AIDS Program of Palm Beach County, Inc. (CAP), which currently provides the service. The amount awarded is less than the request due to the amount allocated by the CARE Council.

Factors considered beyond scoring: CAP is the recipient of the State's AIDS Insurance Continuation Program, which this service category supplements. CAP requested the vast majority of the funding. The other applicants, Treasure Coast Health Council, Inc. and Palm Beach County Health Department may be reimbursed by using current system in place at CAP.

Home and Community-based Health Services

1 unit = 1 hour

Recommendation: Funding for Foundcare, Inc. which currently provides the service. They were the only applicant. The award is less than the requested amount based on CARE Council's allocation, which is level funding for the current grant year.

Mental Health Services

1 unit = 1 hour

Recommendation: Funding for Compass, Inc. and Foundcare, Inc., which have the highest scores. Both agencies currently provide the service. Prorated award based on the CARE Council allocation and the number of clients to be served during the current grant year.

Medical Case Management Services

Medical Case Management

1 unit = 15 minute visit

Average minimum case load requirement = 60

Recommendation: Funding for Compass, Inc. and Comprehensive AIDS Program of Palm Beach County, Inc. that have the highest scores. The funding is based on the CARE Council allocation and proportional to the number of clients proposed to serve which is 16% for Compass, Inc. and 84% for Comprehensive AIDS Program of Palm Beach County, Inc.

Peer Mentor Program

1 unit = 15 minute visit

Recommendation: Funding for Comprehensive AIDS Program of Palm Beach County, Inc. and the Palm Beach County Health Department the applicants with the highest scores. The funding amounts are for the full amounts requested.

Treatment Adherence

1 unit = 15 minute visit

Recommendation: Funding for the Palm Beach County Health Department (PBCHD), which has the highest score. Additionally, the PBCHD's program is better able to track health outcomes. The amount awarded is less than the request due to the amount allocated by the CARE Council.

Substance Abuse Services Outpatient

1 unit = 1 hour

Recommendation: Funding for Gratitude House, Inc. which is the only applicant. They are the current provider. The funding amount is for the full amount requested.

Case Management (non-Medical)

Supportive Case Management

Average minimum case load requirement = 120 clients

Recommendation: Funding for Compass, Inc. and Comprehensive AIDS Program of Palm Beach County, Inc. proportional to the number of clients proposed to serve.

Determining Eligibility

Reimbursed through Full Time Equivalent (FTE)

Average number of eligibility screenings per year per FTE = 825

Recommendation: The three applicants, Treasure Coast Health Council, Inc., Comprehensive AIDS Program of Palm Beach County, Inc. and Compass, Inc. were non-responsive. Agency allocations are not being recommended at this time. The Department will initiate negotiations with agencies for eligibility services and address in future contracts. Services start March 1, 2012. In order to ensure seamless eligibility screening we would like to contract with the agencies that currently provide eligibility screening (Comprehensive AIDS Program of Palm Beach County, Inc. and Compass, Inc.) for the first six months of the grant year at the Non-Medical Case Management rate listed in the RFP.

Housing Services

1 unit = 1 day

Recommendation: No award at this time. The CARE Council did not allocate funding. During the RFP Pre-Proposal Conference it was announced that this service will most likely only be funded if there is a large increase in funding. The service was included in the RFP to allow for the opportunity to fund Housing Services if an increase in funding is received during the three year RFP cycle.

Substance Abuse Services: Residential

1 unit = 1 day

Recommendation: Funding for Foundcare, Inc., which was the only applicant. The amount awarded is less than the request due to the amount allocated by the CARE Council.

Food Bank/Home-Delivered Meals**1 unit = 1 voucher**

Recommendation: Funding for Compass, Inc. and Comprehensive AIDS Program of Palm Beach County, Inc. Allocations for support services (e.g. food, transportation, and emergency financial assistance) should reflect the proportion of the number of clients they propose to provide medical case management services. Comprehensive AIDS Program of Palm Beach County, Inc. proposes to serve 84% and Compass, Inc. proposes to serve 16% of the medically case managed clients. Compass applied for less than 16% of the CARE Council allocation therefore received their full requested amount and Comprehensive AIDS Program will receive the balance of the allocation which is less than the requested amount.

Emergency Financial Assistance**1 unit = 1 emergency assistance**

Recommendation: Funding for Compass, Inc. and Comprehensive AIDS Program of Palm Beach County, Inc. Allocations for support services (e.g. food, transportation, and emergency financial assistance) should reflect the proportion of the number of clients they propose to provide medical case management services. Comprehensive AIDS Program of Palm Beach County, Inc. proposes to serve 84% and Compass, Inc. proposes to serve 16% of the medically case managed clients. Compass applied for less than 16% of the CARE Council allocation therefore received their full requested amount and Comprehensive AIDS Program will receive the balance of the allocation which is less than the requested amount.

Medical Transportation**1 unit = 1 trip/voucher**

Recommendation: Funding for Compass, Inc. and Comprehensive AIDS Program of Palm Beach County, Inc. Allocations for support services (e.g. food, transportation, and emergency financial assistance) should reflect the proportion of the number of clients they propose to provide medical case management services. Comprehensive AIDS Program of Palm Beach County, Inc. proposes to serve 84% and Compass, Inc. proposes to serve 16% of the medically case managed clients. Compass applied for less than 16% of the CARE Council allocation therefore received their full requested amount and Comprehensive AIDS Program will receive the balance of the allocation which is less than the requested amount.

Legal Services**1 unit = 1 hour**

Recommendation: Funding for Legal Aid Society of Palm Beach County, Inc., which is the only applicant. The amount awarded is less than the request due to the amount allocated by the CARE Council.

Linguistics Services

1 unit = 15 minute visit

Recommendation: No award at this time. The CARE Council did not allocate funding. During the RFP Pre-Proposal Conference it was announced that this service will most likely only be funded if there is a large increase in funding. The service was included in the RFP to allow for the opportunity to fund Linguistic Services if an increase in funding is received during the three year RFP cycle.

CARE Council Support

Recommendation: Funding for Treasure Coast Health Council, Inc. They were the only applicant, and currently provide the service. The CARE Council does not allocate funding for this category, as it is from the 10% administration the County receives to manage the grant. The award amount is the amount requested, which is level funding for the current year.

Definitions:

Ryan White Part A is awarded in two amounts, Formula and Supplemental. The Formula award is based on our numbers of HIV/AIDS cases. The Supplemental award is based on our federal grant application score.

Ryan White Minority AIDS Initiative (MAI) is to be awarded to increase the numbers of minority populations receiving primary medical care.

Case Management (Non Medical) – Determining Eligibility services will carve this task out of what medical and non-medical case managers were responsible for previously. Our vision is to have a small core group of eligibility workers, who are well trained and knowledgeable of the services available and the eligibility criteria for each service. Additionally, we expect the process of scanning eligibility documents in to our client database to be streamlined. All of the above will ensure eligibility is being done consistently. As the federal government increases scrutiny and oversight of the Ryan White program eligibility has become a focal point. This is one way Palm Beach County is doing their due diligence to ensure Ryan White is the payer of last resort.

Ryan White Program GY 2012 RFP Process-Timeline & Notes

The Ryan White RFP award process includes the following schedule of events:

- | | |
|---|---------------------|
| • RFP available for distribution (9:00 AM EST- 5:00 PM EST) | 9/19/11-10/21/11 |
| • Pre-Proposal Conference (10:00 AM EST) | 9/23/11 |
| • Deadline for receipt of proposal(s) (5:00 PM EST) | 10/24/11 |
| • Provider Meeting | 11/2/11 |
| • Selection Review Committee Training (Publicly Noticed) | 11/4/11 |
| • Selection Review Committee Meeting (Publicly Noticed) | 11/18/11 & 11/21/11 |
| • Provider Meeting | 1/4/12 |
| • RFP Question and Answer Session (Publicly Noticed) | 2/1/12 |
| • Board of County Commissioners consideration of award recommendations (Publicly Noticed) | 2/7/12 |

Notes:

1. The scoring criteria can be found in the RFP.

2. Provider meetings included the following announcements:

- details of RFP selection review committee including the member's names, meeting date and location, and that the meeting would be publicly noticed.
- Priorities and Allocations Committee and CARE Council meetings dates 11/15/11 and 12/5/11, respectively where they would be voting on the GY 12 budget.
- funding recommendations would go to the BCC on 1/24/12.
- the applicants for Case Management (Non-Medical) Determining Eligibility were non-responsive and agency allocations are not being recommended at this time.

3. The three applicants for Case Management (Non-Medical) Determining Eligibility were non-responsive and agency allocations are not being recommended at this time. The Department will initiate negotiations with agencies for eligibility services and address in future contracts. In order to ensure seamless eligibility screening, since services start March 1, 2012, we would like to contract with the agencies that currently provide eligibility screening (Comprehensive AIDS Program, Inc. and Compass, Inc.) for the first quarter (this has been amended to the first six months) of the grant year at the Case Management (Non-Medical) rate listed in the RFP.

4. The selection review committee members included:

Sonja Swanson Holbrook- Ryan White Program Manager

Shoshana Ringer- Ryan White Quality Management Coordinator

Cecil Smith- CARE Council Member and State Patient Care Planning Group- Palm Beach County representative

Rafael Abadia- CARE Council Vice Chair

Shaundelyn Degraffenreidt- Quality Management Coordinator Broward County Ryan White Program