

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: April 7, 2015

[ ] Consent
[ ] Ordinance

[X] Regular
[ ] Public Hearing

Department

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

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) Approve: Revised grant awards for Ryan White Part A and Minority AIDS Initiative (MAI) federal funds, for the period March 1, 2015, through February 29, 2016, in an estimated total amount of \$6,303,486 based on current year grant funding as follows:

Table with 2 columns: Agency, Amount. Lists 6 agencies and a total amount of \$6,303,486.

B) Authorize: staff to issue a new Request for Proposals (RFP) for Ryan White Part A and MAI funding in the Local Supplemental Drug and Nutritional Assistance service category for the period commencing March 1, 2017.

Summary: This item revises recommended awards approved by the Board of County Commissioners on February 3, 2015 (3E-6). The revisions are necessary to reallocate \$107,170 of the funds awarded to Compass, Inc. in the categories of Laboratory Diagnostic Testing and Outpatient Ambulatory Medical Care. Compass has informed staff that they are unable to provide services in these categories as proposed. The designated amount is being reallocated to FoundCare, Inc. (\$31,344), Florida Department of Health (\$26,082), and AIDS Healthcare Foundation, Inc. (\$49,744), in accordance with RFP rankings. The total amount of grant funds being awarded in Part A of this item is unchanged from the previously approved item. The provider contracts will be submitted for board approval on a future BCC agenda. The authorization requested in Part B of the motion will provide additional time for compliance with new federal requirements applicable to drug and nutritional support. In the interim period, the Health Care District of Palm Beach County will provide the described services on a continuation basis. A contract revision for this purpose will be presented at a future meeting. These are 100% federal grant-funded services. (Ryan White) Countywide (HH)

Background and Justification: (Continued on page 3)

Attachments:

- 1. RFP
2. Proposed Awards Detail

Recommended By: [Signature] Date: 3/24/15
Department Director
Approved By: [Signature] Date: 3/30/15
Assistant County Administrator

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	0				

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes \_\_\_\_ No \_\_\_\_

Budget Account No.:

Fund \_\_\_\_ Dept \_\_\_\_ Unit \_\_\_\_ Object \_\_\_\_ Program Code \_\_\_\_ Program Period \_\_\_\_

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

These are revised allocation recommendations. Contracts or contract amendments with the associated fiscal impact will be presented at a later date.

**C. Departmental Fiscal Review:**

TM  
Taruna Malhotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

[Signature]  
OFMB ~~HN~~ AK SB  
3/24 3/24/15 3/24

[Signature] 3/26/15  
Contract Development and Control  
3-26-15 [Signature]

**B. Legal Sufficiency:**

[Signature]  
Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
Department Director

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

## **Background and Justification (Continued from page 1)**

**Background and Justification** 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. The federal government, through the Department of Health and Human Services, has made funds available to Palm Beach County to meet such demand. Palm Beach County must award the funding through a procurement process which has been followed utilizing the RFP process. Services are provided under several categories including: Outpatient/Ambulatory Medical Care, Laboratory Diagnostic Testing, Medical Case Management, and Non-Medical Case Management. The Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages in advance of the RFP issuance. The award amounts are subject to change based on the actual 2015 award and subsequent recommendations from the CARE Council.

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



**FISCAL YEARS 2015, 2016 & 2017**

**PALM BEACH COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
**DEPARTMENT OF COMMUNITY SERVICES**  
**RYAN WHITE PROGRAM**  
**810 DATURA STREET, 1<sup>st</sup> Floor**  
**WEST PALM BEACH, FLORIDA 33401**

**THE RFP WILL BE AVAILABLE FOR DISTRIBUTION ON  
August 6, 2014  
9:00 a.m. EST**

**ATTENDANCE AT A PRE-PROPOSAL CONFERENCE ON  
August 15, 2014 10:00 a.m.  
IN THE CONFERENCE ROOM OF THE  
MAMYE FREDERICK BUILDING  
1440 MLK BLVD.  
RIVIERA BEACH, FLORIDA  
IS MANDATORY**

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

**NO LATER THAN October 1, 2014 at 5:00 p.m.  
PROPOSALS RECEIVED AFTER THAT TIME WILL NOT BE  
EVALUATED.**

**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.**

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## **SECTION I. GENERAL INFORMATION**

### **A. INTRODUCTION**

In the spirit of collaboration and in an attempt to administer limited resources as efficiently as possible, the Palm Beach County Department of Community Services Ryan White Program, hereinafter referred to as the "Grantee", is requesting proposals from qualified public, or non-profit entities, hereinafter referred to as the "Proposer", to provide services to persons with HIV spectrum disease. **Services to be contracted include:** outpatient/ambulatory medical care, laboratory/diagnostic testing, drug reimbursement, specialty/outpatient medical care, oral health care, early intervention services (EIS), medical nutrition therapy, nurse care coordination, health insurance premium and 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, 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, the CARE Council is 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 the community in order to properly allocate funds, develop a comprehensive plan for the delivery of HIV health services, and assess the efficiency of the administrative mechanism 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 focus groups, surveys, 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, the Patient Protection and Affordable Care Act (ACA), 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;
- Services will 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 (outpatient/ambulatory 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 **four (4)** unbound, two-sided copies (a total of five) of the complete proposal must be received by **5:00 p.m., October 1, 2014**. 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 1, 2014** 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 1<sup>st</sup> Floor, West Palm Beach, Florida 33401. **The Proposal Cover Sheet 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 Cover Sheet must be notarized by a Notary Public.**



- D. PRE-PROPOSAL CONFERENCE AND COMMUNICATION WITH COUNTY**  
A **MANDATORY** Pre-Proposal Conference will be held at 10:00 a.m. on August 15, 2014 at the Mayme Frederick building, 1440 MLK Blvd., Riviera Beach. Attendance at the Pre-Proposal Conference is **required**.

Questions may be emailed to Mr. Channell Wilkins, Department of Community Services at [CWilkins@pbcgov.org](mailto:CWilkins@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](http://www.carecouncil.org) under Information for Providers. Questions will also be answered at the Pre-Proposal Conference. The County will 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)                           | 8/6/14-10/1/14   |
| 2. | Pre-Proposal Conference (10:00 AM EST)  | 8/15/14          |
| 3. | Deadline for receipt of proposal(s) (5:00 PM EST)<br>SUBMIT PROPOSALS TO ANNA BALLA | 10/1/14          |
| 4. | Evaluation/Selection Process  | 10/1/14-11/26/14 |
| 5. | Board of County Commission approval of grant awards                                 | January 2015     |

**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. 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-110, A-122, A-133, and the Super Circular. 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 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 allowable 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.

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

Agencies 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

	100%	101-150%	135-150%	151-200%	201-250%	251-300%	301-350%	351-400%
1	\$11,670	\$11,787	\$15,755	\$17,622	\$23,456	\$29,292	\$35,126	\$40,962
1		\$17,505	\$17,505	\$23,340	\$29,175	\$35,010	\$40,845	\$46,680
2	\$15,730	\$15,887	\$21,236	\$23,752	\$31,616	\$39,482	\$47,346	\$55,212
2		\$23,595	\$23,595	\$31,460	\$39,325	\$47,190	\$55,055	\$62,920
3	\$19,790	\$19,988	\$26,717	\$29,883	\$39,777	\$49,673	\$59,567	\$69,463
3		\$29,685	\$29,685	\$39,580	\$49,475	\$59,370	\$69,265	\$79,160
4	\$23,850	\$24,089	\$32,198	\$36,014	\$47,938	\$59,864	\$71,788	\$83,714
4		\$35,775	\$35,775	\$47,700	\$59,625	\$71,550	\$83,475	\$95,400
5	\$27,910	\$28,189	\$37,679	\$42,144	\$56,098	\$70,054	\$84,008	\$97,964
5		\$41,865	\$41,865	\$55,820	\$69,775	\$83,730	\$97,685	\$111,640
6	\$31,970	\$32,290	\$43,160	\$48,275	\$64,259	\$80,245	\$96,229	\$112,215
6		\$47,955	\$47,955	\$63,940	\$79,925	\$95,910	\$111,895	\$127,880
7	\$36,030	\$36,390	\$48,641	\$54,405	\$72,419	\$90,435	\$108,449	\$126,465
7		\$54,045	\$54,045	\$72,060	\$90,075	\$108,090	\$126,105	\$144,120
8	\$40,090	\$40,491	\$54,122	\$60,536	\$80,580	\$100,626	\$120,670	\$140,716
8		\$60,135	\$60,135	\$80,180	\$100,225	\$120,270	\$140,315	\$160,360
9	\$44,150	\$44,592	\$59,603	\$66,667	\$88,741	\$110,817	\$132,891	\$154,967
9		\$66,225	\$66,225	\$88,300	\$110,375	\$132,450	\$154,525	\$176,600
10	\$48,210	\$48,692	\$65,084	\$72,797	\$96,901	\$121,007	\$145,111	\$169,217
10		\$72,315	\$72,315	\$96,420	\$120,525	\$144,630	\$168,735	\$192,840

Any patient whose household total gross annual income is above the amount shown in Column G is not eligible.

**J. 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 currently, or are proposing to, coordinate services with other medical and support service providers 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.

Finally, applicants should describe the anticipated and/or realized impact of the ACA on the proposed programs, and where applicable, describe efforts made to contract with Qualified Health Plans to provide medical care for Ryan White clients.

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.K, to HIV medical and support services.

#### **K. PALM BEACH COUNTY TARGETED POPULATIONS**

As of June 30, 2013, Palm Beach County has reported 4,806 living with AIDS and 2,984 HIV (not AIDS) cases (Florida Department of Health, HARS report). The Ryan White program assists approximately 3,100 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 heterosexual African American men and women, Latino/Hispanic men and women, Haitian men and women, Men who have Sex with Men (MSM), men and women over the age of 50 years, and men and women 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.

## L. 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](http://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 BCC awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

## 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 2014, Palm Beach County was awarded a total of \$678,108 Ryan White MAI and \$6,975,377 Ryan White Part A Formula and Supplemental grant funds for the funding period ending February 28, 2015. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2015 through February 29, 2016. Allocation estimates are proposed amounts approved by the CARE Council for the Ryan White 2015 grant application; final allocation amounts are not available.

**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 Mr. Channell Wilkins at (561) 355-4702, CWilkins@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, 2015. This RFP will be for three (3) years (March 1, 2015 and February 28, 2018) **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 or 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 twentieth (20<sup>th</sup>) working day of each month. Reimbursement requests shall be on the basis of actual cost, as documented in the agency general ledger.

**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 Proposers audit must accompany the proposal. If a copy of the most recent audit has already been furnished to the Department a new copy must still be supplied.

Providers shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least seven (7) years after completion of the grant, or until resolution of any audit findings and/or recommendations. The County shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the provider's place of business.

Providers shall provide the County with an annual financial audit report which meets 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, OMB Circulars A-128 or A-133 for the purposes of auditing and monitoring the funds awarded under this contract.

- a. The annual financial audit report shall include all management letters and the Provider's response to all findings, including corrective actions to be taken.
- b. The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue by sponsoring agency and contract/agreement/grant number.
- c. The complete financial audit report, including all items specified herein, shall be sent directly to:

Ryan White Part A Program Manager  
Palm Beach County Department of Community Services  
810 Datura Street Suite 200  
West Palm Beach, Florida 33401

- d. Providers shall have all audits 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 IPA shall state that the audit complied with the applicable provisions noted above.
- e. The audit is due within (9) months after the end of the Provider's fiscal year.

- f. Providers will provide a final close out report and Financial Reconciliation Statement accounting for all funds expended hereunder no later than 30 days from the contract end date.
- g. A copy of all grant audits and monitoring reports by other funding entities are required to be provided to the County.
- h. Providers shall establish policies and procedures and provide a statement, stating that the accounting system or systems, has/have appropriate internal controls, checking the accuracy and reliability of accounting data, and promoting operating efficiency.

**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, currently 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. Quarterly reports on service utilization data, initiatives, and overall performance are required. In addition, required data must be entered into the client database. These reports and/or data must include, but are not limited to the following:

- a) Quarterly Reports
- b) Accumulating Unexpended Funds Report
- c) Monthly Report/Request for Reimbursement (monthly)
- d) Participation in Client Satisfaction Survey
- e) Monthly Request for Reimbursement
- f) Data elements for the Annual Ryan White HIV/AIDS Program Service Report (RSR)
- g) Quality Management Outcomes data
- h) Client Service Utilization data
- i) WICY (women, infants, children & youth) data
- j) Special requirements for information (as required)

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

**10. PROGRAM EVALUATION**

All providers 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 standards are located at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>. The local Quality



Management Plan, as well as the Standards of Care can be located at [www.carecouncil.org](http://www.carecouncil.org), under Information for Providers.

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**

Providers 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, providers shall comply with all laws, ordinances and regulations applicable to the contracted services, especially those applicable to conflict of interest. Providers are 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 harmless and defend the County, its agents, servants, and employees from and against any and all claims, liability, losses, and/or cause of action which may arise from any negligent act or omission of the provider,

its agents, servants, or employees in the performance of the contract.

The provider further agrees to indemnify, save harmless and defend the County, its agents, servants, and employees from and against any claim, demand or cause of action of whatsoever kind or nature arising out of any conduct or misconduct of the provider not included in the paragraph above and for which the County, its agents, servants or employees are alleged to be liable. In particular, providers will hold the county harmless and will indemnify the County for any funds which the County is obligated to refund the federal government arising out of the conduct of activities and administration by the provider. The provider also agrees that funds made available pursuant to the contract shall not be used by the provider for the purpose of initiating or pursuing litigation against the County.

**16. INSURANCE**

Unless otherwise specified, the provider shall, at its sole expense, maintain in full force and effect at all times during the life of the contract, insurance coverages, limits, including endorsements, as described herein. The requirements contained herein as to types and limits, as well as County's review or acceptance of insurance maintained by the provider are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the provider under contract.

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 PROVIDER 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. PROVIDER agrees this coverage shall be provided on a primary basis.
- B. Business Automobile Liability The PROVIDER 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 PROVIDER does not own any automobiles, the Business Auto Liability requirement shall be amended to require the PROVIDER 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. PROVIDER agrees this coverage shall be proved on a primary basis.
- C. Worker's Compensation & Employer's Liability The PROVIDER shall agree to maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440. PROVIDER agrees this coverage shall be provided on a primary basis.
- D. Professional (Errors & Omissions) Liability The PROVIDER 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 PROVIDER'S most recent annual report or audited financial statement. PROVIDER agrees this coverage shall be provided on a primary basis. For policies written on a "Claims-Made" basis, PROVIDER shall maintain a Retroactive Date prior to or equal to the effective date of this Contract. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, PROVIDER shall purchase a SERP with a minimum reporting period not less than 3 years. PROVIDER shall provide this coverage on a primary basis.

- E. Additional Insured The PROVIDER 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 PROVIDER shall agree the Additional Insured endorsement provides coverage on a primary basis.
- F. Certificate of Insurance The PROVIDER 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 Department of Community Services  
810 Datura Street Suite 200  
West Palm Beach, FL 33401  
Attn: Ryan White Program Manager

- G. Right to Review & Adjust The PROVIDER shall agree the County, by and through its Risk Management Department, reserves the right to periodically review, modify, reject or accept any required policies of insurance including limits, coverages, or endorsements, herein from time to time throughout the life of this Contract. The County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

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. NONDISCRIMINATION**

Providers warrant and represent that all of its employees, and participants in the programs it serves are treated equally during employment and/or services without regard to race, color, religion, sex, age, disability, marital status, sexual orientation, national origin or ancestry, familial status, gender identity and gender expression, or genetic information in regard to obligations, work, and services performed under the terms of any grant ensuing from this RFP. Proposers must agree 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 forms.

In accordance with F.S. 287.132-133, a provider its affiliates, suppliers, subcontractors and consultants who will perform under this grant, shall not have been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date of contract.

**19. AMERICANS WITH DISABILITIES (ADA)**

Providers 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**

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the provider, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code Section 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

**22. 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.

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.

**23. HIPAA PRIVACY RULES**

Proposers must describe how they are complying with the Health Insurance Portability and Accountability Act (HIPAA). Providers will need to detail their efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the provider. If the provider does not provide services that fall under HIPAA Privacy Rules, a statement to that effect may be provided.

**D. SCOPE OF SERVICES REQUESTED FOR PART A**

In 2014, Palm Beach County was awarded a total of \$6,975,377 Ryan White Part A Formula and Supplemental grant funds for the funding period ending February 28, 2015. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2015 through February 29, 2016. Allocation estimates are proposed amounts approved by the CARE Council for the Ryan White 2015 grant application; final allocation amounts are not available.

If you are applying for MAI funding please find guidance in Section II.E.

The CARE Council priorities for the FY 2015 include maintaining support for existing HIV-related services, with a specific emphasis on geographic areas of the county with a high prevalence of HIV/AIDS, which may also lack adequate levels of service. The County is seeking public, not-for-profit and private not for profit agencies 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 MEDICAL SERVICES –**

**Priority #1**

**1.a. Outpatient/Ambulatory Medical Care (\$635,249)** 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 (\$608,856)**

HIV viral load testing, CD4/CD8, CBC with differential, blood chemistry profile, and 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, IGRA, AFB, pap smear, toxoplasmosis, hepatitis B, and CMV serologies) and 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 and its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate.

**1 unit = 1 lab test**

**1.c. Drug Reimbursement Program (\$434,626)**

*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.

*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 (\$364,612)** 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 (\$438,491)** 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 (\$83,181)** Includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the 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.*

**1 unit = 1 contact**

**1.g. Health Insurance Premium & Cost Sharing Assistance (453,957)** 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 versus 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.h. Home and Community-Based Health Services (\$20,726)** 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.i. Mental Health Services (\$99,304)** 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.j. Medical Nutrition Therapy (\$150,000)** Provided by a licensed, registered dietitian outside of a primary care visit. The provision of food, nutritional services, and nutritional supplements may be provided pursuant to a physician's recommended and nutritional plan developed by a licensed, registered dietitian.

**1 unit = 1 hour**

**1.k. Medical Case Management Services (including nurse care coordination and peer mentoring)**

Medical Case Management (\$2,009,288)

Provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which link clients to medical 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/reassessment 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, at least every six (6) months, as necessary during the enrollment 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 managers must demonstrate through case documentation direct and regular coordination with the clinical care team on behalf of the patient.*

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

*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**

Average minimum case load requirement for full time medical case manager = 60

Nurse Care Coordination (\$43,427)

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.*

*Nurse care coordination providers do not have to be PAC Waiver providers. Nurse care coordination providers do not have to provide medical case management services.*

*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**

Peer Mentor Program (\$177,031)

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**

**1.1. Substance Abuse Services Outpatient (\$10,000)** 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/licensed personnel. Such services should be limited to the following: 1. Pre-treatment/recover readiness programs, 2. Harm reduction, 3. Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, 4. Outpatient drug-free treatment and counseling, 5. Opiate Assisted Therapy, 6. Neuro-psychiatric pharmaceuticals, and 7. Relapse prevention.

**1 unit = 1 hour**

## **SUPPORT SERVICES**

### **Priority #2 Case Management (non-Medical)**

#### Supportive Case Management (\$203,276)

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 for full time non medical case managers = 60 clients

#### Eligibility Determination (\$470,574)

Provision of eligibility screenings for clients.

**1 unit = 15 minute visit**

Average number of eligibility screenings per year for full time eligibility specialist = 825

**Priority #4 Housing Services (\$102,343)**

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 (\$49,678)**

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 be under the supervision of staff possessing postgraduate degree in the appropriate counseling-related field, or 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 (\$408,260)**

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.

*Applicants for food bank service category funding must demonstrate how allocations of services will be prioritized. Patients with no or limited access to other sources of food assistance (e.g. SNAP), or with a high medical acuity should receive priority for receipt of this service.*

**1 unit = 1 voucher**

**Priority #7 Legal Services (\$324,064)**

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 #8 Medical Transportation (\$104,476)**

Includes conveyance services provided, directly or through voucher, to a client so that he or she may access health care services, including services needed to maintain the client in HIV/AIDS medical care.

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 #9 Emergency Financial Assistance (\$57,858)**

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**

**Additional Service (Grantee Administration)**

**CARE Council Support (\$109,200)**

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. A more detailed list of the required deliverables follows:

### CARE Council Support Member Liaison Deliverables

<b>1. Provide staff support to the Palm Beach County HIV CARE Council in order to meet legislated mandates.</b>
Provide snack (or lunch if approved by Grantees office) at all regularly scheduled meetings. Snacks shall include a variety of preferably healthy, individually packaged items as well as a variety of sodas, juice boxes, and water.
Arrange for members transportation.
Reimburse members for mileage and childcare expenses.
Occasionally bid taxi services out to ensure competitive rate.
Ensure member eligibility for taxi, mileage and daycare reimbursement according to policy.
Reimburse members in a timely fashion, within 30 days of the last day of the month the meeting/s were held.
Purchase, facilitate CC or committee members signature, and mail cards to members who are sick.
Ensure Grantee is informed of current member information such as address, phone number, membership status, etc. per CC Policy 27.
Complete sections of HRSA/HAB reports, including but not limited to the Progress Report and Grant application, pertaining to CC membership, activities, training, etc. as needed.
<b>2. Community Outreach: Provide the professional support for public outreach events intended to broaden and enhance the general public's knowledge of issues related to living with HIV disease, current treatment practices and or available services within the EMA. This should be in collaboration with the CAC and Membership committee goals and expectations. Outreach events should target communities in areas heavily impacted by HIV/AIDS and where targeted membership recruitment efforts may be most effective.</b>
Provide staff support to officially convened CARE Council Community Awareness Committee (CAC) Meetings. Complete all tasks assigned by the committee other than meeting minutes, copies of handouts, meeting notices and logistics (room reservations).
Assist the committee in event planning/participation. Members are expected to complete much of the event planning and the Liaison coordinates their activities.
Promote educational moments during the CAC meetings by scheduling speakers. Educational moments shall work to enhance the members' understanding of the health and human service system in PBC and health education specific to PLWHA.
<b>3. Member Orientation and Development</b>
Maintain an up-to-date Members Orientation Manual for CARE Council Members reflecting information in the HRSA Part A Manual.
Prepare and present training work plan for approval by the Membership Committee.
Training topics should, at a minimum, comply with CC Policy 33 by meeting HRSA competency requirements.

Conduct Member Orientation for new members, existing members needing a refresher, and prospective members. This training shall be conducted as needed, typically twice per year.
Conduct annual Priorities and Allocations Training. Training typically provided at the start of the P & A summer meeting sessions.
Co-sponsor trainings as appropriate and within the resources available (both staff and financial).
Track training attendance of CARE Council members and report compliance to committee. Compliance standards shall reflect CC policy.
Complete all training logistics- maintain RSVP list, copy handouts, location reservations/arrangements, food arrangements, evaluations, schedule speakers, etc.
Tabulate training evaluation responses and report to Membership Committee.
Continue the Mentor Program for new members to strengthen participation on both the CARE Council and its committees.
Assign mentors to new members.
Publicly notice mentor/mentee meetings to comply with the Sunshine Law
Assist CARE Council members with participating in additional training programs sponsored by HRSA, relating to enhancing capacity to perform committee and group activities such as developing community plans, coming to group consensus, and maintaining community involvement.
<b>4. Membership Recruitment</b>
Maintain up to date demographic matrix, inventory of seats, member renewal schedule documents.
Present above documents at each Membership Committee meeting.
Submit membership packets to grantee.
Complete all County forms prior to CARE Council approval of member (new or renewal). Ensure only Board application on blue paper. All other paper work shall be on white paper. All paper work shall be single sided. Review and follow Board Appt checklist.
Update schedule for membership approval process/timeline. Share document with Grantee and other CCS staff.
Develop and implement member recruitment strategy, with Membership Committee approval.
Complete communication (letters, etc) with members regarding attendance, membership status, etc.
Presentation of attendance records to Membership Committee highlighting members out of compliance with policy.

**E. SCOPE OF SERVICES REQUESTED FOR MINORITY AIDS INITIATIVE (MAI)**

**MAI Description and Provider Qualifications**

In 1999, the U.S. Congress earmarked funds appropriated under Title I (now Part A) of the Ryan White CARE 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. This funding must reach the target populations described in Section I. 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.
- Demonstrate the capacity to provide 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.
- Link clients to non-MAI medical and support services.

In 2014, Palm Beach County was awarded a total of \$678,108 in Ryan White MAI grant funds for the funding period ending February 28, 2015. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2015 through February 29, 2016

*Proposers for MAI funding may propose services in either the Medical Case Management or Early Intervention Services (EIS) service categories or both. Proposals should indicate specific, targeted subpopulations, a description of proposed services, and an explanation of how these services will result in improved health outcomes. Proposals should include a*



*budget and work plan, and indicate that these items are separate and distinct from other Part A funding.*

**Medical Case Management**

Provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which link clients to medical 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/reassessment 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, at least every six (6) months, as necessary during the enrollment 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 managers must demonstrate through case documentation direct and regular coordination with the clinical care team on behalf of the patient.*

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

*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**

Average minimum case load requirement for full time medical case manager = 60

**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 the 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.*

**1 unit = 1 contact**

### **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) must 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 including Attachments need only be answered once. Section III.F must be addressed separately, for each service proposed. Responses are to consist only of the answers to the questions posed. **Extraneous material or information should be omitted.**

#### **A. FORMAT INSTRUCTIONS FOR COMPLETING APPLICATIONS**

1. An unbound, one-sided original and **four (4)** unbound, two-sided copies (a total of five).
2. 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 1, 2014** 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 1<sup>st</sup> Floor, West Palm Beach, Florida 33401.
3. The Proposal Cover Sheet 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 Cover Sheet must be notarized by a Notary Public.
4. Use only the application forms provided with this Request for Proposals. The forms are available on the CARE Council website, [www.carecouncil.org](http://www.carecouncil.org) under Information for Providers.
5. Applications must be typed, single-spaced, in a font 12 point.
6. Applications should have margins of 1/2 inch on all sides with left-justification.
7. 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.
8. 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".

9. 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.
10. Sequentially number the pages of all attachments appended to the application form.
11. 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 provider and its programs, and that they have limited information about your target population.
12. 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 provider 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.
13. Applicants must address every issue raised in the Scoring Criteria, and provide all required documentation noted in the application Checklist.
14. Sign all original copies in **BLUE INK**.

**B. PROPOSAL COVER SHEET**

Include on the Proposal Cover Sheet 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.

**C. 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.

**D. ORGANIZATION'S PROFILE AND CAPACITY REVIEW**

This is to be answered only once.

1. Name and brief description of proposing organization, including:
  - a. Years of operation;
  - b. Experience administering government funds;
  - c. Mission statement;
  - d. Any major changes that have taken place, including achievements and progress that have been made;
  - e. List 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.
2. Describe your organization's history of providing services to persons with HIV. Indicate the approximate number of clients served over what time period. Please highlight above information specifically for the Palm Beach County area.
3. Describe your organization's guiding principles and standards addressing Cultural Competence. Describe your organization's capabilities to respond to special client groups and to special client needs, demonstrating Cultural Competence in care planning for clients. Additionally, describe your organization's professional

development standards/staff training requirements to ensure Cultural Competence in service delivery. Please highlight how these activities are reflective of CLAS standards.

4. 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.
5. Describe how the organization ensures eligibility criteria are followed.
6. Describe the ways in which the organization publicizes its program(s) to consumers, (i.e. social media, 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.
7. 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.
8. 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.
9. Provide a description of fiscal staff training and retention over the past three (3) years. Include types of fiscal training for the CFO/Financial Director including OMB Circulars A-110, A-122, A-133 and Super Circular.
10. Identify whether there has been litigation or regulatory action. Indicate if neither has occurred, or where your organization was successful.
11. Please indicate whether or not your organization has been placed on Corrective Action at any time over the past three (3) years. If your organization has been placed on Corrective Action please describe the issues and resolution.
12. Identify whether or not there has been underutilization of Palm Beach County Ryan White funds over the past three (3) years. If there has been underutilization of funds please specify the service category, cause and resolution to the underutilization of funds.

**Attachments (not subject to page limitation)**

Required attachments are marked with an asterisk below. If they are not submitted then the proposal will be removed from funding consideration. Non-required attachments that are not submitted may impact scoring.

Forms and Templates are provided in the Appendix.

1. Proposal Cover Sheet (Template)\*
2. Provide a print out of the Detail by Entity Name page from the Florida Department of State, Division of Corporations at [www.sunbiz.org](http://www.sunbiz.org) dated within twelve (12) months of the due date of this Proposal/Application, identifying the Proposer's status as "active". Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. *This does not apply to Public Entities.*
3. Provide proof of non-profit status. A copy of your 501c (3) must be included. *This does not apply to Public Entities.\**
4. Provide a list of Board of Directors of the Proposer. *This does not apply to Public Entities.*
5. Provide an Organizational Chart indicating where the Proposed Program/s Services would function within the Proposer if requested funds are provided.
6. Provide Proposer's grievance policy and any grievance form/s to be used by clients/s.
7. Provide Proposer's job descriptions for all designated staff.
8. Provide the most recent Quarterly Provider Report.
9. Provide the Applicant Agency's HIV Clinical Quality Management Plan.
10. Provide any Interagency Agreement/s the Proposer has in place to successfully provide the proposed service/s for agencies applying in partnership.
11. Provide Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies.
12. Provide Inventory of Non-Expendable Property for the last three (3) years.
13. Provide Administrative Assessment of Potential Providers.
14. Provide Current/Proposed Site locations for the proposed services.\*
15. Provide Sliding Fee Scale Policy which includes process to track charges and payments and how revenue will be used to enhance and support the proposed service.\*
16. Provide Training and Staff Development Plan.
17. Provide Work Plan Template (include all service categories proposed).\*
18. Provide Program Budget Template for each service category proposed. (Guidance below in E).\*
19. Provide Total Agency Budget Template. Guidance below.\*
20. Provide Agency Demographics for MAI proposals only.\*

**E. LINE ITEM BUDGET AND BUDGET NARRATIVE JUSTIFICATION**  
**GUIDANCE**

Proposers MUST submit a line item budget and budget narrative justification, using the categories below for 1. Total Agency Budget and 2. For each Service Category the Proposer is submitting a proposal for. The budget template is on the CARE Council website, [www.carecouncil.org](http://www.carecouncil.org) under Information for Providers.

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

Failure to submit the categorical budget for each Service Category proposed will **DISQUALIFY** your submittal from further consideration.

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.

The line item budget(s) must include **all** program and administrative related expenses for which funds are being requested.

1. Providers 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.
2. Administrative expenses of up to 10% of allowable program costs in every category, but these must be specifically delineated, allowable, and justified in the application.
3. Identify other funding sources for projects within the service proposal, as well as the total agency budget.

#### **F. SERVICE(S) PROPOSAL**

**This section must be completed for each service category proposal.**

**No more than three (3) pages, not including the one (1) page abstract.**

1. Abstract: An Abstract Template must be completed for each service category.
2. Program Narrative:
  - a. Describe your current or anticipated efforts, relating to the requested service(s);
  - b. Number of persons to be/being served by gender, ethnicity and age;
  - c. Number and types of staff providing substantial amounts of the service, including whether staff to provide the service(s) is on board or if recruitment will be necessary;
  - d. Indicate whether or not staff will be licensed;
  - e. Source(s), amount(s), and time period(s) of existing funding to provide this service;
  - f. 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;
  - g. Process to verify client eligibility and assurance Ryan White funding is payer of last resort;
  - h. Schedule of hours of operation for the proposed service(s).

3. Include a description of your proposed service approach and the rationale underlying the approach to be taken in providing the service.
4. If applicable, provide accreditation relevant to the proposed program.
5. State proposed objectives for this service and how the service outcomes is/will be met.
6. 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.
7. 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.).

#### **G. 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.

## **SECTION IV. APPENDIX**

**Below is a list of the forms and information available on the website [www.carecouncil.org](http://www.carecouncil.org) under Information for Providers.**

#### **Forms/Templates**

1. Proposal Cover Sheet
2. Inventory of Non-Expendable Property for the last three (3) years
3. Administrative Assessment of Potential Providers
4. Current/Proposed Site Locations
5. Work Plan
6. Program Budget (for each service category)
7. Total Agency Budget
8. Agency Demographics **for MAI proposals only**
9. Service Proposal Abstract
10. Proposal Submission Checklist

#### **References**

11. Affidavit Form Certifications PHS-5161-1
12. Affidavit Form Assurances Non-Construction Programs

13. Affidavit Form Assurance of Compliance HHS-690
14. Affidavit Form Cash Flow Commitment
15. HRSA Policy 11-02: Contracting with For-Profit Entities
16. Eligibility Criteria
17. Department of Community Services Ryan White Request for Proposals Process Policy
18. Current Allocations and HRSA Grant Application Budget Table
19. Scoring Criteria



**PROPOSAL COVER SHEET**

Full Legal Name of 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

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20

**NOTARY PUBLIC, State of Florida  
 at Large**



**PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES  
ADMINISTRATIVE ASSESSMENT  
OF**

<b>Agency:</b> _____	<b>No. of employees:</b> _____
<b>Address:</b> _____	<b>No. of locations:</b> _____
_____	
<b>Director's Name:</b> _____	<b>Date:</b> _____

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.

	YES	NO (Explain)	OTHER (Explain)
<b>1. Property Management</b>			
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?	_____	_____	_____
<b>2. Procurement</b>			
a. Responsible individual is: _____			
b. Are written purchasing policies for procurement of supplies, equipment, operational services, and subcontract services on	_____	_____	_____
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?	_____	_____	_____
<b>3. Accounting</b>			
a. Are financial reports prepared monthly for internal management purposes?	_____	_____	_____
b. Does an independent auditor perform a certified audit annually?	_____	_____	_____

	YES	NO (Explain)	OTHER (Explain)
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?	_____	_____	_____
<b>3. Accounting - Continued</b>			
- 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?	_____	_____	_____
<b>4. Revenue</b>			
a. Are receipts recorded in a cash receipt journal by individual cost centers and/or funding source?	_____	_____	_____
b. Are all checks marked "For Deposit Only" immediately upon receipt?	_____	_____	_____
c. Are all receipts deposited on a regular basis?	_____	_____	_____
d. Are there written procedures to collect and record contributions from clients?	_____	_____	_____
<b>5. Expenditures</b>			
a. Are expenditure entries posted by cost centers and/or funding sources?	_____	_____	_____
b. Is there a system for allocating direct costs when the project is funded by two or more sources?	_____	_____	_____
c. Is there a system for a allocating administrative expense to all projects/programs?	_____	_____	_____

	YES	NO (Explain)	OTHER (Explain)
d. If non-profit, does the agency have a tax exempt number?	_____	_____	_____
e. Are written travel policies maintained?	_____	_____	_____
f. Are time and attendance records kept for and signed by all employees, by program, by funding source?	_____	_____	_____
g. Are Federal quarterly payroll tax forms (U.S. 941) submitted in a timely manner?	_____	_____	_____
h. Are individual payroll records maintained on each employee?	_____	_____	_____
<b>6. Disbursements</b>			
a. Are checks issued in pre-numbered sequential order and are all applicable check numbers account for?	_____	_____	_____
b. Are banks notified in writing when authorized check signers change or terminate employment with the provider?	_____	_____	_____
c. Are ledger/journals reconciled to bank statements on a monthly basis?	_____	_____	_____
d. When not in use, are checks locked in a secure cabinet?	_____	_____	_____
e. Is it prohibited to make disbursements from cash receipts?	_____	_____	_____
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?	_____	_____	_____
<b>7. Personnel</b>			
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?	_____	_____	_____

**Current/Proposed Service Site Location**

**Organization Name:** \_\_\_\_\_

**CURRENT SERVICE SITE LOCATION**

Provide information about the current and proposed service sites of the organization. Delineate the services provided at each site. Indicate what services and sites are current and proposed.

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

#	Agency	Service	# to be served	# of units	Objective/s	Activities	Non-Duplicating Statement: Indicate any other program in your agency or other agency in the community which provide similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.	Impact Statement: When the objective is accomplished, what impact will it have?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

Program Budget  
AGENCY NAME  
Contract Summary

SERVICE CATEGORY	CONTRACT AMOUNT
Program 1	\$ 100,000.00
Program 2	\$ 100,000.00
Program 3	\$ 200,000.00
Program 4	\$ 200,000.00
Program 5	\$ 300,000.00
Program 6	\$ 300,000.00
Total Contracted Amount	\$ 1,200,000.00



GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 1

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 100,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>

GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 2

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 100,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>

GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 3

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 200,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>

GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 4

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 200,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>

GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 5

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 300,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>

GY14 Ryan White Agreement  
 AGENCY NAME  
 Program 6

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 300,000.00
<b>ADMINISTRATION (Can group multiple employees with same job)</b>	
Employee 1 or N/A (List Salary and Fringe Separate)	
Employee 2 or N/A (List Salary and Fringe Separate)	\$ -
Employee 3 or N/A (List Salary and Fringe Separate)	\$ -
<b>Total Personnel (if applicable)</b>	\$ -
Non Personnel Admin Items 1	\$ -
Non Personnel Admin Items 2	\$ -
Non Personnel Admin Items 3	
<b>Total Non Personnel (if applicable)</b>	\$ -
<b>TOTAL ADMINISTRATION</b>	\$ -
<b>Administration Expense Percent (10% Limit)</b>	<b>0.00%</b>
<b>PROGRAM (Can group multiple employees with same job)</b>	
Direct Services Employee 1	
Direct Services Employee 2	
Direct Service Costs 1	
Direct Service Costs 2	\$ -
<b>TOTAL PROGRAM</b>	\$ -
<b>Program Expense Percent</b>	<b>0.00%</b>











**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
e. Specific Assistance to Individuals											0
f. Dues & Subscriptions											0
g. Training & Development											0
h. Awards & Grants											0
i. Sponsored Events											0
j. Payments to Off. Organizations											0
k. Litigation Cost											0
l. Copy Cost											0
m. Advertising											0
n. Audit Fees											0
o. Office Furniture and Equip.											0
p. Miscellaneous											0
<b>25. Sub-Total Other</b>	0	0	0	0	0	0	0				0
<b>26. Indirect Costs</b>											0
<b>27. Capital Expenses (Equipment)</b>											0
<b>28. Total Expenditures</b>		0	0	0	0	0	0				0

All Financial Information Rounded to Nearest Dollar

FOR MAI PROPOSALS ONLY

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

**Service Proposal Abstract**

A Service Proposal Abstract must be completed for each Service Proposal. The Service Proposal Abstract is limited to one (1) page.	
Service category	
Number of clients proposed to be served	
Number of units proposed to be delivered	
Total funding amount request	
Geographic area to be served	
Demographics of clients	

### PROPOSAL SUBMISSION CHECKLIST

Lettering corresponds to Section III of RFP guidance.

Required items are marked with an asterisk.

B	<b>Proposal Cover Sheet*</b>
C	<b>Table of Contents*</b>
D	<b>Organization's Profile and Capacity Review*</b>
1	<b>Description of the Proposer's Agency:</b> Description should include years of operation, general service mission, and experience in project management.*
2	<b>HIV Service Experience and Capacity:</b> Description should include, specifically for Palm Beach County, types of services, history of providing those services and the number of clients served annually per service.*
3	<b>Cultural Competence:</b> is evidenced in the Proposer's guiding principles, individual culturally and linguistically appropriate client care planning, and staff development, and are reflected in the CLAS standards.*
4	<b>EIHA:</b> Description of the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIHA) 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.*
5	<b>Eligibility:</b> Description of how the organization ensures eligibility criteria are followed.*
6	<b>Publicizing:</b> Description of ways the Proposer publicizes its programs(s) to consumers.*
7	<b>Data Collection and Reporting System:</b> Description of Proposer's system for collecting and reporting both agency, administrative, and client level data.*
8	<b>HIPAA:</b> Description of how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Detail of Proposer's efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the agency. If Proposer does not provide services that fall under HIPAA Privacy Rules, please a statement to that effect is provided.*
9	<b>Fiscal Capacity:</b> Provide a description of fiscal staff training and retention over the past three (3) years.*
10	<b>Litigation or Regulatory Action:</b> Identify whether there has been litigation or regulatory action. If neither has occurred, or where Proposer was successful, put (0).*
11	<b>Corrective Action:</b> If the Proposer has been placed on Corrective Action over the past three (3) years, describe the action. If no corrective action, check (0).*
12	<b>Utilization:</b> Identify whether there has been underutilization of Palm Beach County Ryan White funds over the past three (3) years. If none, check (0).*

#	Attachment Item
1	Proposal Cover Sheet*
2	Attachment 2: Certificate of Corporation, a printout of the Detail by Entity Name page from Florida Department of State, Division of Corporations at sunbiz.org, dated within twelve (12) months of the due date of this Proposal/Application. This certificate must state on its face that the Proposer is 'active'. Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. (Public Entities may check N/A)*
3	Attachment 3: Proof of 501c3 status is submitted. Applicable to not-for-profit organizations. Not applicable for Public Entities.*
4	Attachment 4: List of Board of Directors of the Proposer is submitted. Not applicable to Public Entities.
5	Attachment 5: Organizational Chart is submitted indicating where the Proposed Program. Services would function within the Proposer's agency if the requested funds are provided.
6	Attachment 6: Proposer's grievance policy or form(s) to be used by client(s) is submitted.
7	Attachment 7: The Proposer's job descriptions for all designated staff is submitted.
8	Attachment 8: The Proposer's most recent Quarterly Provider Report including status on service objectives is submitted.
9	Attachment 9: The Proposer's HIV Clinical Quality Management Plan and Organization Chart is submitted.
10	Attachment 10: Any Interagency Agreement/s the Proposer has in place to successfully provide the proposed service/s for agencies applying in partnership is submitted.
11	Attachment 11: Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies is submitted.
12	Attachment 12: Inventory of Non-Expendable Property is provided.
13	Attachment 13: Administrative Assessment of Potential Providers template is submitted.
14	Attachment 14: Current/Proposed Site Locations form is submitted.*
15	Attachment 15: Sliding Fee Scale Policy is submitted.*
16	Attachment 16: Training and Staff Development Plan is submitted.
17	Attachment 17: Service Category/ies Work Plan template is submitted.*
18	Attachment 18: Program Budget template (for each service category) is submitted.*
19	Attachment 19: Total Agency Budget template is submitted.*
20	Attachment 20: Agency Demographics form for MAI proposals only is submitted.*

F	Service(s) Proposal, address individually for each proposed service
1	<b>Abstract:</b> General information contained within the Service Proposal.*
2	<b>Program Narrative:</b> Description of current or anticipated efforts for the proposed service include number of clients, client demographics, staffing level, whether or not staff will be licensed, community's demographics, process to verify clients are eligible for the service, and the hours of operation for the proposed services.*
3	<b>Service Approach:</b> Description of proposed service approach and the rationale underlying the approach to be taken in providing the service.*

4	<b>Accreditation:</b> If applicable, accreditation relevant to proposed service provided.*
5	<b>Outcomes:</b> Outcomes if currently providing service provided.*
6	<b>Collaboration:</b> 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. *
7	<b>Barriers:</b> 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.).*

**PROPOSAL DUE NO LATER THAN October 1, 2014 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.**



## 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

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Name of Applicant or Recipient

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Mail Form to:  
DHHS/Office for Civil Rights  
Office of Program Operations  
Humphrey Building, Room 509F  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
Form HHS-690  
5/97

## 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

## 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."<sup>1</sup> 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.

<sup>1</sup> 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.

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

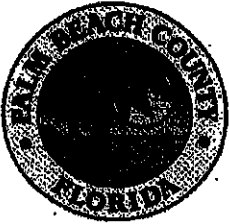
<b>Outpatient Primary Medical Care*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Lab*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Nurse Care Coordination*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Specialty Medical Care*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Health Insurance*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Drug Reimbursement*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source		
<b>Oral Health*</b>	HIV+ or exposed infant up to 1 year old	At or below 400% FPL	Does not have access to another payer source	Maximum of 24 visits per client annually	
<b>Home Health Care/Home and Community Based Health Services</b>	HIV+	At or below 400% FPL	Does not have access to another payer source	Home Health services (including Durable Medical Equipment) authorized by physician prescription	
<b>Early Intervention Services/Outreach</b>	Local EIIHA & Disproportionately Impacted populations				
<b>Treatment Adherence</b>	HIV +	At or below 400% FPL	Does not have access to another payer source		
<b>Substance Abuse Outpatient</b>	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	
<b>Substance Abuse Residential Treatment</b>	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	

Peer Mentor Program	HIV+	At or below 400% FPL	Does not have access to another payer source		
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 \$100 in 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	Evaluation by Licensed professional determining treatment is necessary	
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
Housing Services	HIV+	At or below 400% FPL	Does not have access to another payer source	Up to 120 days of emergency housing services	

\* 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.

Approved December 3, 2012



*Affirmative Action Employer*

**DEPARTMENT OF COMMUNITY SERVICES**

**TO:** All Ryan White Program and Fiscal Staff  
**FROM:** Channell Wilkins, Director  
**THRU:** Geoff Downie, Ryan White Program Manager  
**SUBJECT:** Ryan White Request for Proposals Process

Department of  
Community Services

Issue Date: July 29, 2014      Effective Date: August 1, 2014

810 Datura Street  
West Palm Beach FL 33401  
(561) 355-4700  
FAX: (561) 355-3863  
<http://www.pbcgov.com>

PPM CSF-RW001

**PURPOSE:**

The Palm Beach County Board of County Commissioners (BCC) has determined the Department of Community Services (DCS) to be the Grantee of the Federal Health Resources and Services Administration (HRSA), Ryan White grant. HRSA requires that funding for services be contracted through a competitive bid process. To meet this requirement the DCS utilizes a solicitation request process, defined as a Request for Proposal (RFP). An RFP solicits offers from service providers to provide specified services. The RFP is accompanied by criterion by which the proposal will be evaluated. This policy better ensures a fair RFP process is consistently implemented.



**Palm Beach County  
Board of County  
Commissioners**

**POLICY STATEMENTS:**

Priscilla A. Taylor, Mayor  
Paulette Burdick, Vice Mayor

The Ryan White Program Manager shall implement this policy. If another staff is designated to implement this policy, the Ryan White Program Manager shall provide oversight for the implementation of these procedures.

Steven L. Abrams

This process shall ensure an open and competitive process.

Hal Valeche

This process shall reflect and incorporate all HRSA Ryan White policies and guidelines.

Jess R. Santamaria

Shelley Vana

Mary Lou Berger

County Administrator

Robert Weisman

Agencies submitting proposals shall be private not-for-profit corporations, duly chartered and registered with the Florida Department of State, Division of Corporations, or a public (governmental) entity, prior to the submission of a proposal. Exceptions may be made when it is determined there is no not-for-profit or governmental provider available to provide necessary services.

Agencies must demonstrate their accountability through the submission of acceptable financial audits performed by independent auditors, adequate attainment of measurable outcomes related to services and (if appropriate) be able to show proof of accreditation from other regulatory organizations (e.g., Nonprofits First, Department of Children and Families, JCAHO, CARF, etc.).

*"An Equal Opportunity*

Agencies must demonstrate their ability to adhere to administrative guidelines, including but not limited to, the implementation of a sliding fee scale.

Agencies must describe their participation in the Early Identification of Individuals with HIV/AIDS (EIIHA) efforts.

Agencies must submit a detailed budget following the provided budget template. The budget template shall delineate program and administrative costs, limiting administration costs to no more than 10% of total program costs. The budget shall detail individual staff salaries accompanied by the percentage covered by Ryan White Part A funding. All expenses contained within the budget shall be allowable per HRSA guidelines. The budget shall not include rent and utilities as program expenses. Additionally, agencies shall be required to submit a total agency budget displaying all funding, following the provided total agency budget template.

Agencies must provide details pertaining to how the service they provide addresses the unmet needs of the HIV/AIDS population in Palm Beach County.

Agencies must provide details regarding corrective action/s issued by the Ryan White program within past two (2) years, if applicable.

Recommendations for funding shall consider the following:

- The availability of funds.
- Demonstration that the funding for services enhances, supports, and/or maintains the quality of life of Palm Beach County citizens.
- Demonstration that the proposed services meet a "need" and "priority", as recognized by the Palm Beach County HIV CARE Council.
- Demonstration that the proposed services maximize the use of available dollars by minimizing duplication of services in Palm Beach County.
- The score and ranking of proposal.
- Evidence supporting the capability of the agency to provide quality services, meet service goals and objectives, and manage their resources in a cost effective manner.
- Demonstration that service is accessible, available and acceptable to the citizens of Palm Beach County.

**PROCEDURES:**

The total amount of available funds for the RFP will be determined jointly by the DCS Director, DCS Director of Finance and Support Services, DCS Manager of Planning and Evaluation, and the Ryan White Program Manager based upon grant funds awarded by HRSA.

The Palm Beach County HIV CARE Council (CARE Council) shall approve allocations for each service category totaling a budget consistent with the amount of funds for the RFP as determined by DCS. The allocations shall be the result of a thorough review of information including but not limited to the following: recent, local HIV/AIDS needs assessment and epidemiological data, Ryan White Part A utilization and funding trends, and local, state and federal environmental impacts. The CARE Council shall not make any recommendations regarding funding to any agency.

The Ryan White Program Manager, and/or designated staff shall develop an RFP reflective of the allocations approved by the CARE Council.

The Ryan White Program Manager and/or designated staff shall develop the RFP. The RFP may include, but is not limited to, the following criteria:

- Title page identifying the source of the solicitation including the following: Board of County Commissioners, DCS, Ryan White Program, title of the RFP and opening and closing dates of the solicitation.
- Schedule of events, including but not limited to, the dates, times and locations of the proposal workshop, proposal due date, applicant interviews and proposal quality reviews, timeframe for receipt of written questions, notification of funding recommendations to be sent to the BCC, and term of the initial contract period.
- Table of Contents with section headings and page numbers
- Introduction stating the purpose of the solicitation including a description of the Ryan White Program and the service categories, funding amount for each service category and types of entities eligible to apply
- General information including the contractual terms, method of reimbursement, staff contact information
- Requirement for agencies to provide data, including but not limited to, the following:
  - a) Agency Service Area Boundaries as relevant to the proposal
  - b) Agency License(s)/Accreditation Certificates
  - c) Agency Staffing Complement as relevant to the proposal
  - d) Budget data for both the program and entire agency: revenue, expenditures, budget narrative
  - e) Program data: including evaluation plan/logic model
- Evaluation criteria for scoring
- RFP checklist

The complete RFP package with all accompanying forms and attachments shall be provided to the following County staff and/or their designee allowing for at least a two (2) week time frame for review and approval: Assistant County Administrator overseeing DCS, Chief Assistant County Attorney, DCS Director, DCS Director of Finance, DCS Planning and Evaluation Manager.

The Ryan White Program Manager and/or designee shall create a Public Notice informing the general public of the title of the RFP; the source and amount of funds available to address the needs of county residents living with HIV/AIDS. DCS shall publish notice of the RFP at least thirty (30) but no more than sixty (60) days before the proposals are due for submission.

The Ryan White Program Manager and/or designee shall prepare a memo to the Board of County Commissioners (BCC) notifying them of the release of the RFP. The memo and all accompanying documents shall be approved by the Assistant County Administrator overseeing DCS, Chief Assistant County Attorney, DCS Director, DCS Director of Finance, DCS Planning and Evaluation Manager prior to sending.

A Proposal Workshop shall be held approximately one week after the release of the RFP. The Ryan White Program Manager and/or designee shall review the RFP with prospective applicants in

attendance, and respond to their verbal inquiries about the RFP. The Proposal Workshop shall be publicly noticed and recorded.

The Proposal Workshop shall be the only time whereby questions related to the RFP will be answered verbally. All questions and responses from the Proposal Workshop shall be put in writing and posted on the designated website for the Ryan White program.

From the RFP release date through the submission date all questions related to the RFP may be submitted to the designee only in the RFP. All questions and responses shall be posted on the designated website for the Ryan White program. Responses shall be posted within forty-eight (48) hours of receipt of the questions.

**Cone of Silence:**

The RFP guidance shall include notification of the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: [www.pbcgov.com/legislativeaffairs/pdf/PL\\_04Ord.pdf](http://www.pbcgov.com/legislativeaffairs/pdf/PL_04Ord.pdf). The notification shall ask that the respondents read and familiarize themselves with all of the provisions of said Ordinance. The "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, or member of the review panel. 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 RFP submittal deadline. The provisions of the Ordinance shall not apply to oral communications at any public proceeding, including the Proposal Workshop, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

**Submission of RFP:**

The due date for submission of the RFP shall be the date specified in the Public Notice. The date shall be at least thirty (30) days but no more than sixty (60) days after the advertisement is published. Any submission received after the date and hour of closing for receipts shall be rejected.

The RFP submission shall include an original, four (4) paper copies, and an electronic copy.

All submissions shall be time stamped and given to the Ryan White Program Manager.

**RFP Review Process:**

The first business day following the due date, staff designated by the Ryan White Program Manager shall open and organize the RFPs in the order received, and review for compliance with the RFP Checklist.

Within two (2) business days following the due date, all RFPs shall be forwarded to designated financial staff whereby they will complete a financial review of all RFPs. The financial review shall include, but is not limited to, a review of the applicant's audited financial statements and proposed budget form response/s. The financial review shall be completed by financial staff at or above Financial Analyst I level. The financial review shall be completed within five (5) business days.

Once the financial review is completed, all proposals shall be forwarded to staff designated by the Ryan White Program Manager for a Quality Review. Quality Reviewers, to the extent possible, shall consist of

who are knowledgeable in the field of services being requested, and whose participation will not present a conflict of interest with any agency submitting an RFP for the service being reviewed. This review shall be completed within ten (10) business days. Quality Review panel sessions will be publically-noticed, and shall be open to the public.

The Ryan White Program Manager shall ensure that approximately three (3) Quality Reviewers are available for each service category.

All proposals shall be reviewed using the evaluation criteria contained in the RFP.

**Funding Decisions:**

The Ryan White Program Manager shall inform the DCS Director, DCS Director of Finance and Support Services, and DCS Planning and Evaluation Manager if any proposal is identified for removal from consideration for funds at any stage of the review process.

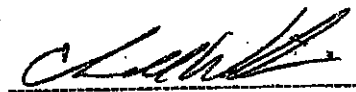
All proposals that have not been removed from funding consideration shall be considered for funding. The numerical score ranking is one consideration, but does not by itself indicate that the proposal will be funded.

The Ryan White Program Manager and/or designated staff shall compile the following information for each applicant: a list of proposed service category, the proposed funding request for each service category, the score for each service category, and DCS recommendations for funding levels for each service category. The list shall be accompanied by a detailed rationale supporting the recommendations. This package shall be forwarded to the BCC for approval.

A decision by the BCC is considered final, unless subsequently overturned by the Board. Following BCC approval, the Ryan White Program Manager shall notify the applicants of the outcome and begin contract negotiations.

**Evaluation of RFP Process:**

Following the conclusion of the RFP Process the Ryan White Program Manager shall consider revisions to the forms and the process leading to improvements in future RFPs.



Channell Wilkins  
Director

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## Allocation Table

The Palm Beach County HIV CARE Council is charged with allocating funding to each service category. Funding levels are dependent on the actual Notice of Grant Award from HRSA. Below are the Current GY14 allocations as well as the allocations submitted in the GY15 Grant Application. We are not certain what funding level services will be funded throughout the RFP cycle.

Service Category	GY14 Current Funding Level	GY 15 Grant Application Request
Outpatient Ambulatory Medical Care	\$ 562,919	\$ 635,249
Laboratory Diagnostic Testing	\$ 465,895	\$ 608,856
ADAP/Local Supplemental Drug and Nutritional Supplements	\$ 444,031	\$ 434,626
Specialty Outpatient Medical Services	\$ 405,853	\$ 364,612
Oral Health	\$ 397,995	\$ 438,491
Early Intervention Services	\$ 124,755	\$ 83,181
Health Ins. & Cost Sharing Assistance	\$ 372,994	\$ 453,957
Home & Comm. Based Health Care	\$ 48,172	\$ 20,726
Mental Health	\$ 103,095	\$ 99,304
Medical Nutrition Therapy	\$ -	\$ 150,000
Medical Case Management (including treatment adherence)	\$ 1,833,802	\$ 2,009,288
Peer Mentor	\$ 160,595	\$ 177,031
Nurse Care Coordination	\$ 46,103	\$ 43,427
Substance Abuse Outpatient	\$ -	\$ 10,000
Case MGT (non-medical) Supportive	\$ 174,163	\$ 203,276
Eligibility (non-medical eligibility)	\$ 418,179	\$ 470,574
Emergency Housing	\$ 93,727	\$ 102,343
Substance Abuse Residential	\$ 50,457	\$ 49,678
Food Bank/Home Delivered Meals	\$ 362,342	\$ 408,260
Legal Services	\$ 289,245	\$ 324,064
Medical Transportation Services	\$ 94,895	\$ 104,476
Emergency Financial Assistance	\$ 56,246	\$ 57,858
<b>Total Service Funding</b>	<b>\$ 6,505,462</b>	<b>\$ 7,249,277</b>

**RYAN WHITE RFP 2015-2017 SCORING CRITERIA  
Rating Sheet Summary**

		Reviewer	Initial
Agency Name			
Proposal No.			
Service Category/ies			

Criteria	Reviewer Signature	Program Manager Initial	Score
Checklist and Page Limitation Reviewer			
Attachment Reviewer			
Organizational Profile & Capacity Reviewer			
Financial Reviewers			
Quality Reviewers			

**CHECKLIST AND PAGE LIMITATION REQUIREMENT REVIEW**

Instructions: In the event of a 'no' response to any of the following by the Reviewer, the Proposal/Application shall be rejected. In the event the Proposal/Application is rejected, the Reviewer shall have a second Reviewer confirm that the Proposal/Application fails to comply with one or more required item listed below, acknowledge that all procedures were properly followed as identified herein and shall initial next to each 'no' response. In the event the Proposal/Application is rejected, then it shall not be forwarded for Financial or Quality Review, or any additional review unless the Required Item is waived by the Department of Community Services Director.

**Checklist Review**

#	Required Item	Yes	No	N/A
1	The Proposal/Application was received by the due date and time.			
2	The Applicant Agency type (Not-for-Profit or Public Entity) is eligible for funds in the proposed program and service category.			
3	The original proposal/application contains an original signature on the signature line provided by 'Authorized Official's Signature' in blue ink, and verified by the signature of one (1) witness.			
4	Applicant Agency passed the Checklist Review?			

If the Reviewer checked 'no', and the second Reviewer corroborates, the second Reviewer must indicate in the space provided below: the number/s of the item/s in the Checklist Review that resulted in the failure and sign at the bottom of the sheet.

Item Number/Item Description:

Reviewer Signature  
Date

Second Reviewer Name (print)  
Second Reviewer Signature  
Date

**Required page limitations must be adhered to. There will be a five (5) point deduction for each**  
Total number of pages, specifying the total number of additional pages.

Item Number/Item Description: 5 x

**Total point deduction.**  
If the Reviewer indicated above that additional pages were submitted, and the second Reviewer

Reviewer Signature  
Date

Second Reviewer Name (print)  
Second Reviewer Signature  
Date

### ATTACHMENT REVIEW

Attachment Review Instructions: The Reviewer must review each Proposal/Application for inclusion of the items listed below. A 'no' response will be given when the policy or document is applicable but not attached. If there is a 'no' response to any required attachment, marked with an asterisk, then the proposal will be removed from funding consideration. Non-required attachments that are not submitted may impact scoring. REQUIRED ATTACHMENTS ARE NOT SUBJECT TO PAGE LIMITATION REQUIREMENTS.

#### Attachment Review

#	Attachment Item	Yes	No	N/A
1	Proposal Cover Sheet*			
2	Attachment 2: Certificate of Corporation, a printout of the Detail by Entity Name page from Florida Department of State, Division of Corporations at sunbiz.org, dated within twelve (12) months of the due date of this Proposal/Application. This certificate must state on its face that the Proposer is 'active'. Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. (Public Entities may check N/A)*			
3	Attachment 3: Proof of 501c3 status is submitted. Applicable to not-for-profit organizations. Not applicable for Public Entities.*			
4	Attachment 4: List of Board of Directors of the Proposer is submitted. Not applicable to Public Entities.			
5	Attachment 5: Organizational Chart is submitted indicating where the Proposed Program. Services would function with in the Proposer's agency if the requested funds are provided.			
6	Attachment 6: Proposer's grievance policy or form(s) to be used by client(s) is submitted.			
7	Attachment 7: The Proposer's job descriptions for all designated staff is submitted.			
8	Attachment 8: The Proposer's most recent Quarterly Provider Report including status on service objectives is submitted.			
9	Attachment 9: The Proposer's HIV Clinical Quality Management Plan and Organization Chart is submitted.			
10	Attachment 10: Any Interagency Agreement/s the Proposer has in place to successfully provide the proposed service/s for agencies applying in partnership is submitted.			
11	Attachment 11: Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies is submitted.			
12	Attachment 12: Inventory of Non-Expendable Property is provided.			
13	Attachment 13: Administrative Assessment of Potential Providers template is submitted.			
14	Attachment 14: Current/Proposed Site Locations form is submitted.*			
15	Attachment 15: Sliding Fee Scale Policy is submitted.*			
16	Attachment 16: Training and Staff Development Plan is submitted.			
17	Attachment 17: Service Category/ies Work Plan template is submitted.*			
18	Attachment 18: Program Budget template (for each service category) is submitted.*			
19	Attachment 19: Total Agency Budget template is submitted.*			
20	Attachment 20: Agency Demographics form for MAI proposals only is submitted.*			

If the Attachment Reviewer checked 'no', and the second Reviewer corroborates, the second Reviewer must indicate in the space provided below: the number/s of the item/s in the Attachment Review that resulted in the failure and initial next to the 'no' response directly on the list and write the item number and description below.

Item Number/Item Description:
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Reviewer Name (print)
Reviewer Signature
Date

Second Reviewer Name (print)
Second Reviewer Signature
Date

**ORGANIZATIONAL PROFILE AND CAPACITY REVIEW**

Item Number	Item	Component	Component Points					Item Points	Notes
			0	1	2	3	N/A		
III.D.1.a-e	<b>Description of the Proposer's Agency:</b> Description should include years of operation, general service mission, and experience in project management.	Years of operation (1 point for each year, up to a maximum of 3 points).							
		Experience administering government funds (1 point for each year, up to a maximum of 3 points).							
		Proposer's mission is clear.							
		Any major changes that have taken place, including achievements and progress that have been made is clear.							
		List of full the range of services the proposer currently provides, including a description of the parent organization and its involvement in the ongoing operation of your organization, if applicable, is provided.							
III.D.2.	<b>HIV Service Experience and Capacity:</b> Description should include, specifically for Palm Beach County, types of services, history of providing those services and the number of clients served annually per service.	Description of proposer's history of providing services to persons with HIV. The approximate number of clients served over what time period is indicated.							
III.D.3.	<b>Cultural Competence:</b> is evidenced in the Proposer's guiding principles, individual	The Proposer's guiding principles and standards clearly address Cultural Competence.							

	guiding principles, individual culturally and linguistically appropriate client care planning, and staff development, and are reflected in the CLAS standards.	Cultural Competence is clearly evident in the Proposer's individual care planning for clients.							
		The Proposer's professional development standards/staff training requirements clearly ensure Cultural Competence in service delivery.							
		CLAS standards are reflected.							
III.D.4.	<b>EIHA:</b> Description of the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIHA) 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.	The Proposer's EIHA knowledge, involvement and activities within Palm Beach County are described.							
		Target populations are highlighted.							
III.D.5.	<b>Eligibility:</b> Description of how the organization ensures eligibility criteria are followed.	The Proposer's process to ensure they serve only eligible clients is described.							
		The process works to ensure Ryan White is payer of last resort.							
III.D.6.	<b>Publicizing:</b> Description of ways the Proposer publicizes its programs(s) to consumers.	Description in ways the Proposer publicizes its program(s) is clear.							
III.D.7.	<b>Data Collection and Reporting System:</b> Description of Proposer's system for collecting and reporting both agency, administrative, and client level data.	Description of Proposer's data collection and reporting system is clear, and ensures compliance with contract reporting requirements.							

<p><b>III.D.8.</b></p>	<p><b>HIPAA:</b> Description of how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Detail of Proposer's efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the agency. If Proposer does not provide services that fall under HIPAA Privacy Rules, please a statement to that effect is provided.</p>	<p>The Proposer's efforts to comply with HIPAA is described. If not applicable a statement to this effect is included.</p>																							
------------------------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Item Number	Item	Check the correct deduction. Do not check gray areas	Deduction				Item Points	Notes
			0	-2	-4	-6		
III.D.10.	<b>Litigation or Regulatory Action:</b> Identify whether there has been litigation or regulatory action. If neither has occurred, or where Proposer was successful, put (0).	No Litigation or Regulatory Action						
		Involved loss of professional accreditation. Regulatory action or litigation did not affect, or minimally affected, service to clients.						
		Involved license suspension as an outcome, fiscal negligence, negligence in mishandling of client affairs, or negligence that effected clients.						
		Involved license revocation as an outcome, allegations of						
III.D.11.	<b>Corrective Action:</b> If the Proposer has been placed on Corrective Action over the past three (3) years, describe the action. If no corrective action, check (0).	No Corrective Action						
		No significant issues, but some minor ones.						
		Significant issues which were resolved.						
		Significant issues which were not resolved.						
III.D.12.	<b>Utilization:</b> Identify whether there has been underutilization of Palm Beach County Ryan White funds over the past three (3) years. If none, check (0).	No underutilization occurred. Agency used between 95% and 100% of awarded funds.						
		Underutilization occurred, but between 94.9% and 90% of the awarded funds were utilized.						
		Underutilization occurred, and between 89.9% and 85% of awarded funds were utilized.						
		Underutilization occurred. Less than 84.9% of awarded funds were utilized.						

Reviewer Signature \_\_\_\_\_  
 Date \_\_\_\_\_



Second Reviewer Name (print)
Second Reviewer Signature
Date

**FINANCIAL REVIEW**

Item Number	Item	Component	Component Points				Item Points	Notes
			0	1	2	3		
Attachment 18	Budget Summary: requires aggregate dollar amounts in each expense category for which funds are being requested.	Requested funding amounts are clear, accurately calculated, and is reflective of the estimated <b>funds to be available as displayed in the Appendix.</b>						
		Other funding is contributing to the project.						
		Administrative Cost is no more than 10% of Program subtotals.	10%	10% 6%	5 9% 1%	0%		
Attachment 18	Budget Narratives: Provide a description of each line item in the Budget Template.	Requested funds justifications are clear and complete.						
		Requested funds narratives include no disallowed expenses, per guidelines.						
		Requested funds compared to the number of units to be provided is reasonable.						
		Requested funds compared to the number of persons to be served is reasonable.						
		Requested funds narratives costs are correctly calculated and equal total expenses.						
Attachment 19	Total Agency Budget: requires aggregate dollar amounts in each funding category for each of the Agency's funding sources.	Funding amounts are clear, and accurately calculated.						
		Agency receives other funding to support overall expenses.						
		Proportion of proposed Ryan White funds to total agency funds.	Ryan White Funds are % of Total Agency Funds					
		76% 100%	51% 75%	26% 50%	25%			

III.D.9.	<b>Fiscal Capacity:</b> Provide a description of fiscal staff training and retention over the past three (3) years.	Agency has taken steps to build staff capacity.						
		Agency CFO/Financial Director has completed OMB Circulars A-110, A-122, A-133 and the new Super Circular training.						
			10%	10%/6%	6%/1%	0%		
		Agency has experienced changes in key fiscal management during the past three (3) years.						
		Agency has experienced changes in key fiscal staff during the past three (3) years.						

Item Number	Item	Component	Component Points					Item Points	Notes
			0	1	2	3	N/A		
III.F.1.	<b>Abstract:</b> General information contained within the Service Proposal.	Abstract Template is complete.							
III.F.2.a-g	<b>Program Narrative:</b> Description of current or anticipated efforts for the proposed service include number of clients, client demographics, staffing level, whether or not staff will be licensed, community's demographics, process to verify clients are eligible for the service, and the hours of operation for the proposed services.	Current or anticipated efforts, relating to the requested service(s) is described;							
		Number of persons to be/being served by gender, ethnicity and age is included;							
		Number and types of staff providing substantial amounts of the service, including whether staff to provide the service(s) is on board or if recruitment will be necessary is completed;							
		Whether or not staff will be licensed is indicated;							
		Source(s), amount(s), and time period(s) of existing funding to provide this service is included;							
		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 is included;							
		Process to verify client eligibility and assurance Ryan White funding is payer of last resort is included;							
		Schedule of hours of operation for the proposed service(s) is included.							

PROPOSAL RATED BY THE FOLLOWING :									

**PART III: QUALITY POINT ANALYSIS of Part II of the Proposal Form**  
 Unless otherwise specified, points should be assigned for each component of the response according to the following scale: omitted = 0 ; partially met = 1 point; fully met = 2 points; exceptionally met = 3 points.

<p>III.F.3</p>	<p><b>Service Approach:</b> Description of proposed service approach and the rationale underlying the approach to be taken in providing the service.</p>	<p>Description of service approach is complete.</p>								
<p>III.F.4</p>	<p><b>Accreditation:</b> If applicable, accreditation relevant to proposed service provided.</p>	<p>If applicable, the Proposer provides accreditation for proposed service.</p>								
<p>III.F.5.</p>	<p><b>Outcomes:</b> Outcomes if currently providing service provided.</p>	<p>Outcomes, if applicable, are included.</p>								
<p>III.F.6.</p>	<p><b>Collaboration:</b> 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.</p>	<p>Collaboration is described.</p>								

<p>III.F.7</p>	<p><b>Barriers:</b> 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.).</p>	<p>Barriers are described.</p>							
<p>Attachment 20</p>	<p><b>MAI Only:</b> Board and staff racial/ethnic composition comparable to target patient population</p>								
<p>Quality Points :</p>									

## ***Ryan White 2015-17 RFP Proposal Review Process***

### ***Overall Timeline per RFP Booklet:***

Evaluation/Selection Process	10/1/14-11/24/14
Deadline for receipt of proposal(s) (5:00 PM EST)	10/1/14
PROPOSALS SUBMITTED TO ANNA BALLA	
Recommendations to BCC	1/13/15 (agenda item due to Michelle 11/24/14)

### **Detailed Timeline:**

***Prior to 10/1/14 @ 5 p.m.*** proposals shall be submitted to Anna Balla. She will time stamp each one. If Anna is not present another Ryan White staff must receive and time stamp proposals. The time stamp is in the front of admin west area by the postage machine. Geoff will ensure at least one staff is present during office hours the week leading up to 10/1/14 @ 5 p.m. If staff other than Anna receives a proposals they must hand deliver the proposal to Anna. **Proposals should be time stamped on the proposal Cover Sheet.**

***Prior to 10/1/14*** designated fiscal staff shall develop a spreadsheet for all individual providers over the past 3 years who attended the mandatory Pre-Proposal Conference displaying GY11, GY12, and GY13 Ryan White Part A funds. The columns shall detail for each service category the initial contract, final contract including all funds swept, final expenditure total, and the percentage of awarded funds expended. The final contract amount should be used as the denominator. This spreadsheet shall be provided to the Ryan White Program Manager.

***Prior to 10/1/14*** designated staff shall review Scoring Criteria and ensure that any changes in the RFP Q & A responses are reflected.

**All proposals shall be secured in a locked file when not being reviewed.**

### ***10/2/14-10/3/14:***

- Anna shall open and organize the RFPs in the order received.
- Anna shall develop/create a Scoring Criteria Rating Sheet Summary with Agency Name, Proposal No., and Service Category for each service category proposal and print out the entire Scoring Criteria.
- Anna shall complete the Scoring Criteria Checklist and Page Limitation Requirement Review.
- Anna shall complete the Scoring Criteria Attachment Review.
- Anna shall scan each proposal into the RPF 15-17 folder on shared drive.
- By 10/6/14 @ 9 a.m. all RFPs shall be forwarded to designated fiscal staff.

***10/6/14:*** Geoff, Nadia, Shoshana, Anna and Sonja shall review each proposal's Organizational Profile and Capacity Review.

***10/7/14*** from 9:30-4:30 in Admin West: Geoff, Nadia, Shoshana, Anna and Sonja shall meet to complete the Scoring Criteria Organizational Profile and Capacity Review.

***10/6/14-10/10/14:*** All RFPs shall be reviewed by designated financial staff whereby they will complete the Scoring Criteria Financial Review for each service category proposal. By 10/14/14 @ 9 a.m. all proposals shall be forwarded to the Ryan White Program Manager.

*10/9/14:* Sonja shall create a spreadsheet with all proposals grouped by panel date and panelist.

*10/9/14:* Sonja shall secure locations for panels and order food.

*10/10/14:* Sonja will notify panelist of the date, time and location of their panels.

*10/10/14:* Geoff shall notify agencies of the date and time of their presentation/interview.

*10/10/14:* Geoff shall ensure panel dates are publicly noticed and that all necessary parties are noticed including but not limited to IG, Ethics Commission, Tammy, Jon, Channell, Taruna, Thomas.

*10/14/14-10/16/14:* Prepare packets for Quality Reviewers. Applicants submit 5 copies of the proposals.

*10/16/14* from 10-12 @ 810 Datura Basement: Geoff will hold a training session for Quality Reviewers and present packets at that time. Have each panelist sign conflict of interest form and a form agreeing not to share information contained in the proposal confidential.

*10/20/14-10/31/14:* Quality Reviewer will review proposals.

*11/3/14-11/14/14:* Panels will be held with applicants. Dates will be noticed and the review will be open to the public. Anticipate needing 1 full day and 2 ½ days each week. Location- preferably at 100 Australian Risk Management training room.

#### Review of Scoring Criteria

#### Discussion of Quality Review Panels

Quality Reviewers, to the extent possible, shall consist of one (1) member of the Palm Beach County Ryan White Part A Grantee staff, and outside stakeholders who are knowledgeable in the field of services being requested, and whose participation will not present a conflict of interest with any agency submitting an RFP for the service being reviewed. This review shall be completed within ten (10) business days. Quality Review panel sessions will be publically-noticed, and shall be open to the public.

The Ryan White Program Manager shall ensure that approximately three (3) Quality Reviewers are available for each service category.

- Division of Services –see table attached to 9-9-14 email.
- List of Prospective Reviewers –various staff will contact prospective panelist.
- Interviewing Applicants- applicants will have 2-3 minutes to present and 15 minutes for Q & A. Expected to schedule interviews in 30 minute increments.
- Tentative Dates and Location of Interviews- interviews will take place during the 1<sup>st</sup> couple of week of November. Sonja will check on the Risk Management training room availability.
- Preparation of Packets for Reviewers:
  - what information will be provided to Quality Reviewers
  - designate staff to prepare packets



- Once panelist complete final score Geoff will collect and call out the individual scores.
- Preparation for Panel:
  - Provide panelist packets with just the 10 page service proposals, and let panelist know that the entire proposal can be made available to them.
  - Bring calculators for each panelist.
  - Ensure Conflict of Interest and Confidentiality forms are signed by panelist.
  - Send panelist confirmation email and/or Outlook invite confirming panel date/time/location.
  - Send a notice to applicant confirming interview date/time/location and confirm receipt of notice.

Training for Reviewers involved in completing the Scoring Criteria

- Separate training for internal staff and Quality Reviewers: Internal staff training will be on 9/29. Quality Reviewers on 10/16.
- Training content: The scoring criteria will be reviewed, as well as the overall schedule of events.

Review Panel Service Categories\*

Panel #1: Outpatient Ambulatory Medical Care, Laboratory Services, Oral Health, Specialty Medical (*Barbara Jacobowitz, Miriam Potocky, Sheron Hoo-Hing*)

Panel #2: Early Intervention Services, Medical Case Management, Peer Mentor, Nurse Care Coordination (*Shaundelyn DeGraffenreit, Sondra Chomblee, Nadia Najarro*)

Panel #3: Local Pharmacy Assistance Program, Health Insurance Continuation, Home Health (*Joey Wynn, Hyla Fritsch, Anna Balla*)

Panel #4: Mental Health, Substance Abuse Treatment, Housing (*Pam Gionfrido, Renee Constantino, Sheron O'Neill*)

Panel #5: Non-Medical Case Management, Eligibility Screening, CARE Council Support (*Cecil Smith, Shaundelyn DeGraffenreit, Shoshana Ringer*)

Panel #6: Medical Nutrition Therapy, Food Bank, Medical Transportation, Emergency Financial Assistance, Legal Aid (*Larry Osband, James Green, Roger Nielsen*)

*\*The assignment of reviewers is preliminary and subject to their agreement to participate. Alternate reviewers are also available for consideration*

**Proposed Awards Detail**

<b>Proposed Service</b>	<b>Agency</b>	<b>GY 15 CARE Council Allocation</b>	<b>GY 14 Contract</b>	<b>GY 15 Request</b>	<b>GY 15 Funding Recommendation</b>	<b>% Score</b>	<b>Revised Score</b>	<b>GY 15 Revised Funding Recommendation</b>
Outpatient/Ambulatory Medical Care	FoundCare, Inc.		\$115,937	\$260,110	\$99,128	78%		\$115,937
Outpatient/Ambulatory Medical Care	Palm Beach County Health Department		\$446,982	\$655,065	\$367,738	79%		\$379,284
Outpatient/Ambulatory Medical Care	AIDS HealthCare Foundation, Inc.		\$0	\$635,175	\$0	64%	70%	\$26,509
Outpatient/Ambulatory Medical Care	Compass, Inc.		\$0	\$54,864	\$54,864	77%		\$0
		<b>\$521,730</b>						
Laboratory Diagnostic Testing	FoundCare, Inc.		\$81,904	\$173,390	\$90,000	78%		\$104,535
Laboratory Diagnostic Testing	Palm Beach County Health Department		\$383,990	\$721,745	\$322,399	79%		\$336,935
Laboratory Diagnostic Testing	AIDS HealthCare Foundation, Inc.		\$0	\$344,361	\$0	63%	70%	\$23,235
Laboratory Diagnostic Testing	Compass, Inc.		\$0	\$52,306	\$52,306	72%		\$0
		<b>\$464,705</b>						
Specialty Outpatient Medical Care	Health Council of Southeast Florida, Inc.		\$405,853	\$364,612	\$330,853	74%		
Specialty Outpatient Medical Care	AIDS HealthCare Foundation, Inc.		\$0	\$127,840	\$0	64%		
		<b>\$330,853</b>						
Oral Health Care	FoundCare, Inc.		\$51,000	\$270,330	\$88,446	78%		
Oral Health Care	Palm Beach County Health Department		\$351,995	\$449,996	\$351,995	80%		
		<b>\$440,441</b>						
Drug Reimbursement Program	FoundCare, Inc.		\$0	\$434,626	0*	77%		
Drug Reimbursement Program	AIDS HealthCare Foundation, Inc.		\$0	\$372,842	\$0	63%		
		<b>\$434,031</b>						
Health Insurance Premium & Cost Sharing Assistance	FoundCare, Inc.		\$372,994	\$408,970	\$438,250	76%		
Health Insurance Premium & Cost Sharing Assistance	Compass, Inc.		\$0	\$47,190	\$47,190	76%		
		<b>\$485,440</b>						
Home and Community Based Health Services	FoundCare, Inc.		\$48,172	\$20,726	\$20,726	75%		
Home and Community Based Health Services	AIDS HealthCare Foundation, Inc.		\$0	\$20,726	\$0	64%		
		<b>\$20,726</b>						
Early Intervention Services	Compass, Inc.		\$0	\$40,793	\$40,793	76%		
Early Intervention Services	FoundCare, Inc. (MAI)	86,978	\$0	\$86,798	\$86,978	68%		
Early Intervention Services	AIDS HealthCare Foundation, Inc.		\$0	\$83,181	\$41,585	63%		
Early Intervention Services	Palm Beach County Health Department		\$124,755	\$175,348	\$124,755	78%		
		<b>\$294,111</b>						
Nurse Care Coordination	FoundCare, Inc.		\$15,770	\$36,120	\$36,120	79%		
Nurse Care Coordination	AIDS HealthCare Foundation, Inc.		\$0	\$40,995	\$0	65%		
		<b>\$46,103</b>						
Medical Case Management Services	AIDS HealthCare Foundation, Inc.		\$0	\$623,272	\$0	65%		
Medical Case Management Services	Compass, Inc.		\$280,825	\$299,657	\$280,825	77%		
Medical Case Management Services	FoundCare, Inc.		\$991,161	\$1,819,340	\$991,161	74%		
	Part A	<b>\$1,271,986</b>						
	MAI	<b>\$484,838</b>	\$571,816		\$484,838	68%		
Peer Mentor Program	Compass, Inc.		\$0	\$62,604	\$37,547	72%		
Peer Mentor Program	FoundCare, Inc.		\$160,595	\$139,810	\$139,810	74%		
Peer Mentor Program	AIDS HealthCare Foundation, Inc.		\$0	\$128,601	\$0	64%		
		<b>\$177,357</b>						

Mental Health Services	Compass, Inc.	\$103,095	\$93,754	\$102,416	\$102,416	75%
Housing Services	FoundCare, Inc.	\$93,727	\$93,727	\$102,343	\$93,727	73%
Substance Abuse Services: Residential	FoundCare, Inc.	\$50,457	\$50,457	\$49,678	\$49,678	74%
Case Management (Non Medical) Supportive Case Manageme	Compass, Inc.		\$49,079	\$98,033	\$49,079	76%
Case Management (Non Medical) Supportive Case Manageme	FoundCare, Inc.		\$125,084	\$200,560	\$125,084	77%
Case Management (Non Medical) Supportive Case Manageme	AIDS HealthCare Foundation, Inc.		\$0	\$182,139		62%
		\$174,163				
Case Management (Non-Medical) Determining Eligibility*	Compass, Inc.		\$71,199	\$76,423	\$71,199	79%
Case Management (Non-Medical) Determining Eligibility*	FoundCare, Inc.		\$377,268	\$436,320	\$377,268	77%
Case Management (Non-Medical) Determining Eligibility*	AIDS HealthCare Foundation, Inc.		\$0	\$166,611	\$0	62%
		\$448,467				
CARE Council Support ( <i>admin</i> )	Health Council of Southeast Florida, Inc.	\$104,000	\$104,000	\$119,241	\$104,000	69%
Food Bank/Home Delivered Meals	Compass, Inc.		\$34,658	\$40,423	\$34,658	79%
Food Bank/Home Delivered Meals	FoundCare, Inc.		\$327,684	\$396,090	\$327,684	78%
		\$362,342				
Emergency Financial Assistance	Compass, Inc.		\$10,897	\$15,000	\$10,897	78%
Emergency Financial Assistance	FoundCare, Inc.		\$45,349	\$57,858	\$45,349	77%
		\$56,246				
Medical Transportation	Compass, Inc.		\$8,705	\$15,000	\$8,705	80%
Medical Transportation	FoundCare, Inc.		\$86,190	\$104,476	\$86,190	77%
Medical Transportation	AIDS HealthCare Foundation, Inc.		\$0	\$80,000	\$0	69%
		\$94,895				
Legal Services	Legal Aid of Palm Beach County, Inc.	\$289,245	\$289,245	\$324,064	\$289,245	74%
		\$289,245				
Medical Nutrition Therapy	Compass, Inc.		\$0	\$17,094	\$0	80%
Medical Nutrition Therapy	FoundCare, Inc.		\$0	\$150,000	\$0	78%
		<b>Totals</b>	<b>\$6,835,936</b>	<b>\$11,685,162</b>	<b>\$6,303,486</b>	

\* Funding recommendations for Local Pharmacy/Drug Reimbursement will be presented at a later date (see attached narrative explanation)

	<u>Proposed Agency Funding</u>			
	GY 14	GY 15	% Total GY 15	% Change
Foundcare	\$3,533,111	\$3,580,437	57.80%	1.3%
Compass	\$549,117	\$790,479	12.80%	44.0%
PBCHD	\$1,394,817	\$1,166,887	18.80%	-16.3%
Legal Aid	\$289,245	\$289,245	4.70%	0.0%
AHF	*	\$41,585	0.70%	100.0%
HCSEF	\$405,853	\$330,853	5.30%	18.5%
		<b>Total</b>	<b>\$6,199,486</b>	<b>100.00%</b>

\* New provider

Early Intervention Services	AIDS HealthCare Foundation, Inc.	\$41,585
Outpatient/Ambulatory Medical Care	AIDS HealthCare Foundation, Inc.	\$26,509
Laboratory Diagnostic Testing	AIDS HealthCare Foundation, Inc.	\$23,235
	<b>Total</b>	<b>\$91,329</b>
Case Management (Non Medical) Supportive Case Management	Compass, Inc.	\$49,079
Case Management (Non-Medical) Determining Eligibility*	Compass, Inc.	\$71,199
Early Intervention Services	Compass, Inc.	\$40,793
Emergency Financial Assistance	Compass, Inc.	\$10,897
Food Bank/Home Delivered Meals	Compass, Inc.	\$34,658
Health Insurance Premium & Cost Sharing Assistance	Compass, Inc.	\$47,190
Laboratory Diagnostic Testing	Compass, Inc.	\$0
Medical Case Management Services	Compass, Inc.	\$280,825
Medical Transportation	Compass, Inc.	\$8,705
Mental Health Services	Compass, Inc.	\$102,416
Outpatient/Ambulatory Medical Care	Compass, Inc.	\$0
Peer Mentor Program	Compass, Inc.	\$37,547
	<b>Total</b>	<b>\$683,309</b>
Case Management (Non Medical) Supportive Case Management	FoundCare, Inc.	\$125,084
Case Management (Non-Medical) Determining Eligibility*	FoundCare, Inc.	\$377,268
Emergency Financial Assistance	FoundCare, Inc.	\$45,349
Food Bank/Home Delivered Meals	FoundCare, Inc.	\$327,684
Health Insurance Premium & Cost Sharing Assistance	FoundCare, Inc.	\$438,250
Home and Community Based Health Services	FoundCare, Inc.	\$20,726
Housing Services	FoundCare, Inc.	\$93,727
Laboratory Diagnostic Testing	FoundCare, Inc.	\$104,535
Medical Case Management Services	FoundCare, Inc.	\$991,161
Medical Case Management-MAI	Foundcare, Inc.	\$484,838
Medical Transportation	FoundCare, Inc.	\$86,190
Nurse Care Coordination	FoundCare, Inc.	\$36,120
Oral Health Care	FoundCare, Inc.	\$88,446
Outpatient/Ambulatory Medical Care	FoundCare, Inc.	\$115,937
Peer Mentor Program	FoundCare, Inc.	\$139,810
Substance Abuse Services: Residential	FoundCare, Inc.	\$49,678
Early Intervention Services	FoundCare, Inc. (MAI)	\$86,978
	<b>Total</b>	<b>\$3,611,781</b>
CARE Council Support ( <i>admin</i> )	Health Council of Southeast Florida, Inc.	\$104,000
Specialty Outpatient Medical Care	Health Council of Southeast Florida, Inc.	\$330,853
	<b>Total</b>	<b>\$434,853</b>

Legal Services

Legal Aid of Palm Beach County, Inc.

*Total* \$289,245  
**\$289,245**

Early Intervention Services

Palm Beach County Health Department

\$124,755

Laboratory Diagnostic Testing

Palm Beach County Health Department

\$336,935

Oral Health Care

Palm Beach County Health Department

\$351,995

Outpatient/Ambulatory Medical Care

Palm Beach County Health Department

\$379,284

*Total* **\$1,192,969**