

**MICHIGAN DEPARTMENT OF COMMUNITY
HEALTH
HIV CONTINUUM OF CARE (COC) SERVICES
REQUEST FOR PROPOSALS
FEBRUARY 2007**

PROPOSALS DUE APRIL 20, 2007

Issued By:

**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention & Intervention Section
Continuum of Care Unit**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF HEALTH, WELLNESS AND DISEASE CONTROL
HIV/AIDS PREVENTION & INTERVENTION SECTION**

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SECTION I

**OVERVIEW AND GENERAL
INFORMATION**

INTRODUCTION

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), HIV/AIDS Prevention & Intervention Section (HAPIS) is issuing this competitive Request for Proposals (RFP) for HIV Continuum of Care Services (COC) to support eligible programs serving persons living with HIV/AIDS (PLWH/A) and appropriate affected persons in Michigan. Services will be funded by the federal Ryan White CARE Act (RWCA) Title II and the state Michigan Health Initiative (MHI). Funds awarded as a result of this RFP are intended to provide continuum of care services to be delivered *outside* of the Detroit Eligible Metropolitan Area (the counties of Wayne, Oakland, Macomb, Monroe, Lapeer, St. Clair and the City of Detroit).

DHWDC/HAPIS expects to award grants totaling up to \$3,000,000 during each year of a three year project period beginning October 1, 2007 and ending September 30, 2010. Awards are expected to range from \$20,000 to \$500,000.

ELIGIBILITY

Eligible applicants include:

- 1) Community-based organizations (CBO) and other non-governmental organizations (NGO), including faith based social service programs.
- 2) County, local or tribal government agencies, including local health departments
- 3) Public or non-profit hospitals and medical facilities
- 4) State university programs that provide direct client service and affiliated medical facilities
- 5) Bureau of Primary Health Care funded Federally Qualified Health Centers
- 6) Urban and Tribal Indian Health Centers
- 7) Migrant health centers

Any CBO or NGO applying under this RFP must have been certified by the Federal Internal Revenue Service as a 501(c)(3) organization prior to August 1, 2006. A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals lacking such documentation may not be reviewed.

Ineligible applicants include:

- 1) Individuals
- 2) State-level government agencies
- 3) For-profit health/human service agencies¹
- 4) Organizations proposing “pass-through” funding. Organizations must directly provide a significant portion of the HIV care services proposed.

¹ Exceptions may be made when no non-profit agency exists in the area.

SERVICE NEEDS, PRIORITIES, AND STANDARDS

Proposals for services under this RFP must be responsive to community-identified needs and service priorities, which are detailed in the DHWDC/HAPIS 2006 *Title II HIV/AIDS Care Needs Assessment*. This document is available on the web at www.mihivnews.com. See **Attachment A** for eligible service categories and service definitions and **Attachment B** for Standards of Service for HIV Case Management in Michigan and **Attachment C** for Culturally and Linguistically Appropriate (CLAS) Standards.

USE OF FUNDS

Funding awarded under this RFP may be used to pay for personnel, fringe benefits, staff travel, equipment, supplies, contractual services, other direct costs (such as direct client services, staff development, etc.), and administrative costs. **Costs for administrative expenses cannot exceed 10% of the total funding request.**

Funds may not be used for the following: 1) to supplant local or state funds; 2) to make cash payments to intended recipients of services; 3) for acquisition of real property, building construction, alterations, renovations, or other capital improvements; and 4) to duplicate services already available to intended recipients of services.

See **Attachment D**, Budget Narrative Requirements and Allowable Expenditures, and **Attachment E**, DHWDC/HAPIS Administrative Cost Guidance, for a detailed description of each budget category.

Title II and MHI funding are to be used for continuum of care services and must facilitate access to care and/or retention in care.

All programs funded under this RFP must have plans to incorporate the following into their proposed Continuum of Care program:

- 1) **Assisting clients and patients in adherence to HIV drug regimens/HIV therapies**
- 2) **Linkage and referral to:**
 - **HIV care and treatment services**
 - **HIV prevention services**
 - **Partner Counseling and Referral Services**
 - **Sexually Transmitted Disease screening and treatment**

FUNDING CONSIDERATIONS

In preparing proposals, organizations should consider the following four guiding principles identified by the Health Resources and Services Administration, HIV/AIDS Bureau, as having significant implications for HIV/AIDS care services and treatment:

- Revise care systems to meet emerging needs;
- Ensure access to quality HIV/AIDS care, adherence services and linkage systems;
- Coordinate CARE Act services with other health-care delivery systems; and
- Evaluate the impact of CARE Act funds and make needed improvements (Continuous Quality Improvement).

Additionally, as emphasized in the RWCA Amendments of 2000, organizations should address the needs of racial and ethnic minorities who know they have HIV disease but are not receiving HIV/AIDS primary medical care. Finally, organizations should incorporate in their programs essential support services that seek to identify, enroll and maintain HIV infected persons in systems of care.

FUNDING DECISIONS

All proposals will be scored by an Objective Review Team (ORT). DHWDC/HAPIS reserves the right to consider other factors, such as epidemiological trends, underserved urban and rural populations, and past performance, and has the final authority to determine funding decisions.

DHWDC/HAPIS will consider objective review scores as well as other factors such as past provision of service, past performance, provider experience, the level of service need, funding availability, collaborative agreements and partnerships, organizational capacity, etc., when making funding decisions. Additionally, program efficiency, cost effectiveness and the ability to provide quality services may be considered.

EXPECTATIONS OF FUNDED PROGRAMS

Organizations awarded funding under this RFP will be required to implement HIV Continuum of Care services in accordance with established program standards, as well as state and federal policies and statutes. Additionally,

Organizations awarded funding under this RFP will be required to:

- **provide Culturally and Linguistically Appropriate Services (CLAS);**
- **participate in a standards of care work group to develop CLAS-related standards;**
- **adhere to the CLAS-related standards once they are developed;**
- **share successes and practices with other COC funded providers and other funders.**

Agencies that do not currently offer MDCH funded HIV Continuum of Care Services will be required to provide evidence of their ability to work within the existing system, by obtaining letters of collaboration from other service providers.

Any request to provide services in a new or expanded geographic area must be accompanied by evidence of cooperation and agreement with other service providers in the area. Provider(s) may be asked to cover additional geographic areas or counties to ensure that all eligible clients have access to HIV services in every part of the state.

SECTION II

RFP PROCESS AND PROCEDURES

APPLICATION PROCEDURES AND TIMELINE

LETTERS OF INTENT

Applicants are required to prepare and submit a Letter of Intent to apply for funds, see **Attachment F**. Applicants must submit the Letter of Intent by 5:00 p.m. Eastern Standard Time (EST) on **Friday, February 23, 2007**, to DHWDC/HAPIS in person, by mail or by fax. **Under no circumstances will Letters of Intent be accepted after 5:00 p.m. EST on Friday, February 23, 2007.** Proposals will not be accepted from agencies that have not submitted Letters of Intent by the required deadline.

Letters of Intent will be used by DHWDC/HAPIS to aid in planning for the Objective Review process. They will not be used as a pre-screening mechanism and are non-binding with respect to the proposed program or level of resources requested. If an organization is expecting to submit a joint proposal, the Letter of Intent should briefly describe any collaborative partnerships and indicate the lead agency, if applicable.

PROPOSALS

Proposals, including all attachments, must be received at DHWDC/HAPIS by 5:00 p.m., EST on **Friday, April 20, 2007**. **Under no circumstances will proposals be accepted after 5:00 p.m. EST on Friday, April 20, 2007.** Faxed or e-mailed proposals will not be accepted.

Complete proposals consist of:

- 1) Cover letter, signed by authorized agency representative
- 2) Proposal Checklist
- 3) Proposal Summary
- 4) Proposal Narrative
- 5) Budget Narrative
- 6) Required Attachments.

Applicants are expected to submit **an original and 6 complete copies** of the proposal to DHWDC/HAPIS. Cover letters are to be addressed and sent to:

Attn: Traci Goulding

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness and Disease Control
109 Michigan Avenue, 9th Floor
Lansing, MI 48913

PROPOSAL FORMAT

All proposals must adhere to the following guidelines:

- 1) Sequentially number all pages, including attachments
- 2) Use a 12 point font

- 3) Include a completed Proposal Checklist
- 4) Include a completed Proposal Summary (**Attachment G**)
- 5) Do not staple or bind any of the copies submitted for review
- 6) Use 8 ½" by 11" paper
- 7) Use 1" margins (top and bottom, left and right)
- 8) One sided only
- 9) Use headers and footers, as appropriate
- 10) The page limit for the proposal narrative section is 25 pages, with single spacing.
This page limit does not include the Cover Letter, Proposal Checklist, Proposal Summary, Tables 1 through 4, Budget Narrative, and Proposal Attachments.

Up to 10 objective review points will be deducted for proposals that do not follow these guidelines.

PROPOSAL REQUIREMENTS

Proposals **will not** be reviewed under the following circumstances:

- 1) Evidence of 501(c)3 status is not included for non-profits
- 2) If a Budget Narrative is not included
- 3) If a signed Management Assurance Form is not included
- 4) If a proposal is not submitted by the time and date required

NOTICES OF AWARD

Notices of Award are expected to be made during the month of June 2007. Each applicant whose proposal is selected for funding will receive written notification. This notice is an announcement of selection, and the receipt of the notice is not legally binding until there is a fully-executed contract. Applicants that are not selected for funding will receive notification.

CONTRACT NEGOTIATION

DHWDC/HAPIS will schedule contract discussions with the authorized agent of the selected organizations. As funds are limited, applicants selected for contract awards may be asked to revise the budget, service categories and/or service levels of their proposals.

It is a priority to incorporate culturally competent practices into all COC services, therefore this priority will be discussed during contract negotiations.

Contracts are issued on the state fiscal year (October 1 – September 30). Contracts may be renewed annually throughout the remainder of the project period, based on availability of funding, performance, grantee compliance with contractual obligations, and continued responsiveness to DHWDC's priorities and needs of individuals living with HIV/AIDS.

REVIEW AND EVALUATION OF PROPOSALS

Proposals submitted in response to this RFP will be scored by an Objective Review Team comprised of individuals with no conflict of interest. Applicants should not assume that reviewers will be familiar with their programs or geographic area and should prepare applications accordingly. The review committee will consist of some members who are self-identified as living with HIV.

Brevity and clarity in your proposal is essential. Be succinct, concrete, and use quantified descriptions whenever possible. There will be no calls made to your organization to clarify materials. It is the applicant's responsibility to ensure all of the pages are included in all of the copies and all pages are numbered. Reviewers will not have access to pages that were included in the original, but not in their copies.

All proposals will be scored by reviewers according to pre-established criteria.

PROPOSAL POINT VALUES AND PAGE LIMITS

Section	Point Value
Proposal Checklist	N/A
Proposal Summary	N/A
Proposal Narrative	N/A
Services and Service Area	15
Organizational Capacity	35
Community Collaboration and Service Delivery Plan	30
Outcomes	20
Budget Narrative	N/A
Attachments *	N/A
Total	100

* A maximum of 5 points will be deducted for each attachment required, but not included in the proposal, and up to 10 points may be deducted for proposals that do not follow the format.

TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE CONFERENCE CALL

DHWDC/HAPIS will conduct a technical assistance conference call for prospective applicants. The conference call will be held on **Friday, March 2, 2007**. Registration information is included in this packet as **Attachment I**. Participation on the technical assistance conference call is not required. Technical assistance questions should be submitted in writing to DHWDC/HAPIS, prior to the conference call, at the address indicated below. Faxed questions are also acceptable. DHWDC/HAPIS will distribute a document with answers to substantive questions to all organizations that submitted a Letter of Intent subsequent to the technical assistance conference call. Submit technical assistance questions prior to the conference call to:

Attn: Traci Goulding
HIV/AIDS Prevention and Intervention Section
Division of Health, Wellness and Disease Control
109 Michigan Avenue, 9th Floor
Lansing, MI 48913
517.241.5911 (fax)

DHWDC/HAPIS CONTACT

The sole contact for questions about this RFP is Traci Goulding who can be reached at gouldingt@michigan.gov.

The following documents will be available electronically on the web at www.mihivnews.com:

- 1) Michigan HIV/AIDS Council *2006 Title II HIV/AIDS Care Needs Assessment*
- 2) *Standards of Service for HIV Case Management in Michigan*
- 3) Culturally and Linguistically Appropriate Services (CLAS) Standards
- 4) COC RFP

SECTION III

PREPARING THE PROPOSAL

PROPOSAL CHECKLIST

Proposals should be submitted in the following order with each page numbered consecutively beginning after the cover letter. Indicate below if an item is attached or not applicable to your organization.

_____ **COVER LETTER**, signed by authorized agency representative

_____ **PROPOSAL CHECKLIST**, (this page)

_____ **PROPOSAL SUMMARY**, (RFP Attachment G)

PROPOSAL NARRATIVE

_____ Services and Service Area

_____ Organizational Capacity

_____ Collaboration

_____ Client Outcomes

_____ **TABLE 1** Current and Proposed Services

_____ **TABLE 2** Funding Request by Service Category

_____ **TABLE 3** HIV Program Review

_____ **TABLE 4** Client Outcomes

_____ **BUDGET NARRATIVE**

ATTACHMENTS

_____ Memoranda of Agreement/Collaboration Letters

_____ Organizational Chart

_____ Management Assurance Form, RFP Attachment H1 or H2

_____ For CBOs and NGOs only-most recent audited financial statements

_____ For CBOs and NGOs only-501(c)3 certification

PROPOSAL SUMMARY

Please write a clear and concise summary paragraph for the proposed service in the space provided on the proposal summary page, see **Attachment G**. Include a description of the service category(s) to be funded, the number of HIV+ clients to be served, the counties included in the service area and the level of funding being requested.

PROPOSAL NARRATIVE OUTLINE and TABLES 1-4

This section will include both narrative information *and* information contained on Tables 1-4. Both parts will be scored together according to the point values. The completed tables should be inserted after the narrative section, according to the order found in the Proposal Checklist.

Services and Service Area (description and Tables 1 and 2)

- a) Describe the proposed geographic area where the services will be delivered. **For current DHWDC/HAPIS continuum of care providers**, indicate if this service area is the same or different from the area historically served by the program, why the proposed geographic area has been selected, and steps taken to coordinate with the existing provider(s) in the area, if service area changes are being proposed. **For providers not currently under contract with MDCH**, indicate why the proposed geographic area has been selected and the steps taken to coordinate services with other HIV continuum of care providers. **For both existing and new providers**, appropriate memoranda of agreement and/or collaboration letters from other providers should be attached to the proposal.
- b) Complete **Table 1, Current and Proposed Services**, for the geographic area described above. Refer to www.mihivnews.com for a summary of the MHAC's 2006 *Title II HIV/AIDS Care Needs Assessment*. The full needs assessment report should be considered in establishing proposed service levels. Proposed service levels should consider identified gaps in services as well as other data, such as the organization's knowledge of local needs. If the applicant does not currently provide HIV core or other support services, please indicate "N/A" in the Current Services columns.
- c) Describe how the proposed program will address the gaps in service. This should include efforts to bring more people "out of care, into care," linkages with other systems, new and expanded services to be offered, and changes in the service delivery system. Describe how medication adherence and HIV prevention services are integrated into the care system within the organization.
- d) Complete **Table 2, Funding Request by Service Category**, to indicate proposed services, number of HIV+ clients, proposed funding, and proposed cost per client. Indicate if any services are to be provided by subcontractors and attach appropriate memoranda of agreement and/or collaboration letters to the proposal.

- e) Describe efforts that will be undertaken to ensure that CLAS Standards and other standards are met, as appropriate.

Organizational Capacity (7 pages maximum plus Table 3)

- a) Describe the organization's prior experience in providing HIV continuum of care, adherence, STD, Hepatitis C, HIV prevention, and/or related services including how the organization provides culturally and linguistically appropriate services. Describe the changes that have been made in the organization as the epidemic has evolved over the past several years. If the organization has not provided HIV services in the past, describe the experience of the organization in providing similar services that indicates the capacity of the organization to implement and provide new HIV Continuum of Care services.
- b) Describe the organization's structure and how proposed HIV continuum of care services "fit" within this structure, including a description of how the proposed services and programs will assist people in accessing care and retaining them in care (primary care). Attach an organizational chart showing staffing lines and lines of authority for key personnel. The relationship of service personnel to management and support personnel should be clearly illustrated.
- c) For proposed staff positions associated with the program (and regardless of source of funding), provide a brief description of position responsibilities and required employment qualifications.
- d) Describe the organization's ability to manage its financial resources effectively and ensure the organization's long-term financial stability. Describe how the organization secures additional diverse and stable income sources other than RWCA/MHI funding.
- e) Describe the organization's experience in effectively administering programs, grants or contracts. Describe how services related to this RFP will be monitored, managed, and supervised in order to ensure satisfactory contract performance, including ensuring that RWCA/MHI funds are the payor of last resort.
- f) Describe the organization's experience in program data collection, reporting, and evaluation. Describe procedures used to ensure data is collected timely and accurately.
- g) Indicate in **Table 3, HIV Program Revenue**, the current revenue for all HIV Care and Prevention programs of the organization. Include both public and private sources.

Community Collaboration and Service Delivery Plan (6 pages maximum)

- a) Describe how services will be coordinated with other relevant service providers that provide key points of access to health and support services for PLWHA, and how duplication of services will be avoided. Attach appropriate memoranda of agreement and/or collaboration letters to the proposal. Key points of access include HIV primary medical care providers, HIV case management providers, substance abuse treatment programs, STD clinics, medication adherence programs, HIV counseling and testing

sites, Partner Counseling and Referral Services, Hepatitis C programs, mental health programs, homeless shelters, correctional facilities, family planning grantees, and community health centers and other non-profit private entities that provide comprehensive primary care services to populations at risk for HIV.

- b) Describe the program's strategies for identifying and linking to services, individuals who know they have HIV, but are not receiving HIV primary medical care. Describe what you do to assure clients receive culturally appropriate care, what you do to recruit appropriate staff, what trainings are required, and what you do to plan for, and meet the needs of diverse clients. Indicate how barriers to obtaining services will be overcome. Provide information about the hours of operation of your organization, including accommodations made for clients who can not schedule appointments during "normal" business hours.
- c) Describe how PLWHA are involved in planning and/or delivery of services. Also, describe how ongoing input from PLWHA is obtained regarding suggested improvements to programs or services and how suggestions are incorporated into your service delivery system.

Outcomes (4 pages maximum plus Table 4)

- a) Identify at least one HIV+ client outcome for each service category included in your proposal in **Table 4, Client Outcomes**. Outcomes should indicate the positive impact of the service on the client and relate to improved health, improved ability to access HIV related health care and medications, improved ability to adhere to medications, or reductions in risk behaviors that may impair health outcomes.
- b) Describe in **Table 4** and in the narrative how each outcome will be measured, how outcome measurement data will be collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.
- c) Describe how the results of the outcome measurement process described above will be used to improve the effectiveness and quality of services.

BUDGET NARRATIVE

Prepare a programmatic budget narrative for the proposed program. See **Attachment D** for budget narrative requirements. Applicants must comply with the Title II administrative cost policies and the 10% limit on administrative costs. See **Attachment E** for the DHWDC/HAPIS Administrative Cost Guidance. The programmatic budget will be examined for consistency with proposed services and service levels.

ATTACHMENTS

- a) As identified in the narrative attach applicable memoranda of agreement and/or collaboration letters from other providers. **Documents must be current and specifically outline roles, responsibilities and commitments of the collaborative organization to the proposed program.**
- b) Organizational Chart
- c) **Attachment H1 or H2**, Management Assurance Form
- d) For CBOs and NGOs only the most recent audited financial statements
- e) For CBOs and NGOs only a 501(c)3 certification

TABLE 1

**HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007
CURRENT AND PROPOSED SERVICES**

Organization:

Service Area:

Counties to be Served

(10-01-07 to 9-30-08)

Service Category	Unit of Service Name and Definition ²	Current Services: # of HIV+ Clients	Current Services: # of Units	Proposed Services: # of HIV+ Clients	Proposed Services: # of Units
Ambulatory/Outpatient HIV Medical Care					
Case Management					
Client Advocacy					
Health Education/Risk Reduction: Medical Info about HIV/AIDS, HIV info for friends and family (Category also includes safer sex counseling and harm reduction services which had minimal utilization or gaps in service)					
Outreach Services					
Housing Related Services (Help finding housing)					
Mental Health Services					
Food Bank/Home Delivered Meals/Nutritional Supplements					
Transportation					

² For example one face to face meeting, one round trip bus ride etc.

Service Category	Unit of Service Name and Definition²	Current Services: # of HIV+ Clients	Current Services: # of Units	Proposed Services: # of HIV+ Clients	Proposed Services: # of Units
Nutritional Counseling					
Emergency Financial: Ambulatory/Outpatient HIV Medical Care					
Emergency Financial: Non Rx Drugs					
Oral Health (Emergency financial assistance only)					
Housing Financial Assistance					
Emergency Financial: Substance Abuse Services					
Other Emergency Financial Assistance (Include needs assessment categories of Childcare and Hospice Services and other emergency financial assistance for critical needs)					
Other Services, Please Describe:					

Note: Table is not intended to be inclusive of all fundable services under Title II, other services may be fundable, see Attachment A for Service Category Definitions. Categories in table are based on the 2006 care needs assessment and does not include AIDS Drug Assistance Program, Employment Services and Legal Services which are non fundable under this RFP.

TABLE 2

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007 FUNDING REQUEST BY SERVICE CATEGORY

Organization: _____

Service Area: _____

Counties to be Served: _____

Total Funding Request: _____

Total Number of Unduplicated Clients to be served in 12 month period _____

Service Category	Proposed Services: # of HIV+ Clients	Funding Requested	Cost Per Client	Provided By Sub Contractor or Collaborator Yes/No
Ambulatory/Outpatient HIV Medical Care				
Case Management				
Client Advocacy				
Health Education/Risk Reduction				
Outreach Services for specific geographic areas				
Housing Related Services				
Mental Health Services				
Buddy/Companion Services				
Other Psychosocial Support (Support Groups)				
Food Bank/Home Delivered Meals/Nutritional Supplements				
Transportation				
Nutritional Counseling				
EF: Ambulatory/Outpatient HIV Medical Care				
EF: Non Prescription Medication				
EF: Oral Health				
EF Housing Financial Assistance				
EF: Substance Abuse Services				
EF: Other Critical Needs				
Other Services, Please Describe:				

TABLE 3

**HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007
HIV PROGRAM REVENUE**

Organization: _____

Service Description	Current Revenue	Source of Revenue	Period of Award
Continuum of Care Services (Includes Title II/MHI, Title III, Title IV, EIP, and HOPWA, list separately)			
HIV Prevention Services (including PCRS)			
HIV Counseling and Testing Services			
Other funded HIV services, please describe			
Other revenue for HIV programs from donations, fundraising, foundations, private grants etc., please describe			
Total Revenue All HIV Programs			

TABLE 4

**HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007
CLIENT OUTCOMES**

Organization: _____

Service Category	Client Outcome	How Will Outcome be Measured	How Will Data be Collected, Who Will Collect the Data and How Often
EXAMPLES: Case Management	Reduction in at least one unmet need at 6 month reassessment which has contributed to the health of the client or ability to access and maintain health care	During reassessment, note the extent to which needs of original care plan have been met	New clients will be tracked by URS staff, 6 month reassessment performed by Case Managers, new client Needs Assessment report completed and supervisor will summarize data on a semi-annual basis for entire caseload of new clients
Food Bank/Home Delivered Meals/Nutritional Supplements	All eligible clients in need of supplemental food to maintain health will have monthly access to food pantry	Need for food noted during assessment, ongoing monitoring of food pantry usage for referred clients	Food Pantry referral log completed by Case Manager, access to pantry recorded in URS system and utilization report from URS system provided to supervisor on a semi-annual basis, supervisor will also review a sample of charts of referred clients to determine utilization

Note: Electronic version of Table 4 will be available on the www.mihivnews.com web site.

The additional items may be useful in preparing your application and can be found on the HRSA HIV/AIDS Bureau website at www.hab.hrsa.gov:

- 1) Outcomes Evaluation TA Guide: Getting Started Titles I and II of the Ryan White CARE Act
- 2) Outcomes Evaluation TA Guide: Case Management Outcomes Title I and II
- 3) Outcomes Evaluation TA Conference Call

SECTION IV

ATTACHMENTS

ATTACHMENT A

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

ELIGIBLE SERVICE CATEGORIES AND DEFINITIONS

Ambulatory/Outpatient HIV Medical Care

The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. This 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 HIV Treatment Guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. ***All HIV medical care must be delivered consistent with Guidelines for HIV medical care published by the Public Health Service.***

Case Management and Client Advocacy Services

Case Management

The range of client-centered services that links clients with health care, psychosocial and other support services. Includes ensuring timely and coordinated access to medically appropriate levels of health prevention, and support services and continuity of care, including medication adherence, through ongoing assessment of the client's and other key family members' needs and personal support systems. Organizations requesting funding for case management services must indicate that they have the capacity to comply with the *Standards of Service for HIV Case Management in Michigan*.

Client Advocacy

The provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Advocacy *does not* involve coordination and follow-up on medical treatments, as case management does.

Health Education/Risk Reduction

The provision of services that educate clients with HIV about HIV transmission and risk reduction practices. This includes the provision of information on medical and psychosocial support services and counseling, to help clients with HIV improve their health status. These services are generally delivered in conjunction with case management and/or client advocacy, thus allocation of salaries to this category is allowable. The cost of any health related

educational materials is permitted in this category. Only funded if case management/client advocacy services are also provided.

Outreach Services

This includes programs which have as their principal purpose the identification of people with HIV disease so that they may become aware of, and may be enrolled in, care and treatment services (i.e., case finding). Outreach does not include HIV counseling and testing or HIV prevention education. Outreach programs must be planned and delivered in coordination with state and local HIV-prevention outreach programs to avoid duplication of efforts, targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, conducted at times and in places where there is a high probability that HIV-infected individuals will be reached; and designed with quantified program reporting that will accommodate effectiveness evaluation. Services will only be funded in certain geographic areas and only if case management/client advocacy services are also provided.

Housing Related Services

Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

- Housing services that include some type of medical or supportive service residential substance abuse or mental health services (not including facilities classified as an Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
- Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented by a case manager, social worker, or other licensed healthcare professional(s).
- Short-term or emergency housing assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Such assistance is limited to a cumulative lifetime period of 24 months per household. Short term or emergency assistance must be accompanied by a strategy to:
 - identify, relocate, and/or ensure the individual or family is moved to a long-term, stable housing; or
 - identify an alternate funding source for support of housing assistance.
- Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments.
- The Ryan White CARE Act must be the payor of last resort. In addition, funds received under the Ryan White CARE Act must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing HAB with documentation related to the use of funds of payor of last resort and the coordination of such funds with other local, State, and Federal funds.
- Ryan White CARE Act housing-related expenses are limited to Titles I, II, and IV and are not an allowable expense for Title III.

Mental Health Services

The provision of psychological and psychiatric treatment and counseling services 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.

Food Bank/Home Delivered Meals/Nutritional Supplements

The provision of actual food, meals, or nutritional supplements. The provision of essential household supplies such as hygiene items and household cleaning supplies are also included in this category.

Transportation Services

Transportation services that are provided, directly or through vouchers, to a client so that they can access health care or support services.

Nutritional Counseling

The provision of nutrition education and/or counseling by a licensed registered dietitian outside of a primary care visit.

Direct Emergency Financial/Client Assistance

This service category includes the following services, individual amounts for each item below must be itemized in **Table 1 and 2** of your proposal:

Ambulatory/Outpatient HIV Medical Care

Payments made on behalf of clients to providers for services previously described for this category.

Non Prescription Medications

Includes non prescription, over the counter medications, vitamins and supplements, prescribed by a physician related to treatment of HIV. Non prescription medications, vitamins and supplements can only be funded if not covered by ADAP.

Oral Health (Dental) Care

Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers. Services funded are those recommended by a dental provider for clients not yet covered by the Michigan Dental Program (MDP), ineligible for MDP or for emergency dental services.

Substance Abuse Services

The provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel. Also includes the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an inpatient health service setting (short-term).

Other Critical Needs

Payment for services essential to the client's medical care or ability to obtain local, state or federal benefits and support services, related to HIV and allowable under Title II policies. Category includes, but is not limited to, the following services:

Utilities: Short-term payment for essential utilities when other resources are not available.

Home Health Care: The provision of services by a homemaker, home health aide, personal caretaker, or attendant caretaker. This category includes non-medical, non-nursing assistance with cooking and cleaning activities to help disabled clients remain in their homes. Also included are services provided in the home by licensed health care workers, such as nurses and services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies.

Child Care: Payment for child care services for the children of HIV+ clients while they are attending medical or other related care and support service appointments.

Hospice Services: Includes nursing care, counseling, physician services, and palliative therapeutics provided by a hospice program to patients in the terminal stages of illness in their home setting. Includes residential hospice care, including room, board, nursing care, counseling, physician services, and palliative therapeutics provided to patients in the terminal stages of illness in a residential setting, including the non-acute care section of a hospital that has been designated and staffed to provide hospice services for terminal patients.

Complementary Therapies: Services that are based on a written referral from the client's primary health care provider. All complementary therapies are to be provided by certified or licensed practitioners and/or programs wherever State certification or licensure exists.

Vision Care: Payment for optometric or ophthalmic services and purchase of corrective prescription eyewear that is necessitated by HIV infection.

Other Services

Funding for other services may be requested. Services must be itemized, allowable by Title II policies and justified based on the identified needs of the community.

ATTACHMENT B

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

**THE STANDARDS OF SERVICE FOR HIV CASE MANAGEMENT IN
MICHIGAN**

THIS DOCUMENT CAN BE DOWNLOADED FROM THE MICHIGAN HIV
NEWS WEBSITE: **WWW.MIHIVNEWS.COM**

ATTACHMENT C

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)
STANDARDS

THIS DOCUMENT CAN BE DOWNLOADED FROM THE MICHIGAN HIV
NEWS WEBSITE: **WWW.MIHIVNEWS.COM**

ATTACHMENT D

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

BUDGET NARRATIVE REQUIREMENTS AND ALLOWABLE EXPENDITURES

DEFINITIONS

Service/Program Costs

Service/program costs are those that can be identified specifically with a particular award, project, service, or other direct client service activity of an organization. They include wages and benefits of employees who directly provide the service to the clients, related fringe benefits, direct service/program staff travel, and program supplies and materials.

Service/program costs also include those incurred under contractual arrangements with subcontractors who provide direct client service such as mental health counseling, nutritional counseling or other supportive services. Service/program subcontractors are those entities that must comply with the same MDCH contract provisions that the organization does.

Other service/program costs include, but are not limited to, direct payments to providers of services made on behalf of clients, space costs, communication, lease payments for equipment, mailing costs, equipment maintenance costs, and printing costs.

Any service/program cost incurred must have a direct relationship to the client service provision activities of the organization.

Administrative/Indirect Costs

Administrative costs can include direct costs, which can be identified with the management and administration of a particular program, or indirect costs, which are for common or joint purposes across the agency. Direct costs can include costs spread across budget categories such as staff salaries and fringes related to management oversight, quality assurance activities, entering and reporting URS data, preparing progress reports, preparing funding applications and proposals, development and use of reimbursement and accounting systems, and compliance with contract conditions and audit requirements. Other direct administrative expenses may include administrative supplies, and costs such as fees for evaluators, auditors or payroll services which would be placed in the appropriate budget category.

Indirect costs may benefit more than one award, project, service or other direct activity of the organization and cannot be readily identified with a particular one of them. When allowed, indirect costs are part of an organization's total administrative costs, but are usually identified as a rate, which is then applied to certain costs and calculated as a total dollar amount. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Non-profits and State Universities must submit documentation of the indirect rate approval with their Title II/MHI budgets.

The combination of administrative and indirect costs cannot exceed 10% of each organizations total Title II/MHI budget. See Attachment E, DHWDC/HAPIS Administrative versus Service/Program Cost Budget Guidance January 2003 for more guidance.

RESTRICTIONS ON USE OF FUNDS

Funds awarded under this RFP may not be incurred for any of the following:

- 1) To supplant or replace funding from any other source.
- 2) To provide items or services for which payment has already been made or can reasonably be expected to be made by third party payers, including Medicaid, Medicare, other Federal, State or local health programs or insurance plans, prepaid health plans, private insurance, and other State or local financial benefit and service programs. Title II funds are the “payor of last resort.”
- 3) To purchase or improve land, or to purchase, construct, or make permanent improvement to any building, except for minor remodeling.
- 4) To make direct payments to recipients of services.
- 5) To make payments on behalf of recipients for home mortgages, local or State personal property taxes, funeral, burial, cremation or related expenses, and clothing.
- 6) To make payments on behalf of recipients for costs of obtaining, owning or maintaining a vehicle. Mileage reimbursement may be made to recipients of service for travel which enables them to attend needed medical or support service appointments, but should not exceed the established IRS reimbursement rate. Use of vouchers/gas cards as an alternative for mileage reimbursement, which can not be easily converted to cash, is strongly encouraged.
- 7) To pay for professional licensure or to meet program licensure. Funds may be used to support specific HIV training which enhances the quality or delivery of services.

BUDGET NARRATIVE REQUIREMENTS

The budget narrative should be prepared for a one year period. For each category below, a **detailed** description of the purpose of the expenditure and the methodology used to determine the specific cost. The description should **clearly** indicate the allocation between 1) service/program costs and 2) administrative costs (including overhead and indirect expenses). See the example provided at the end of this attachment.

Salaries and Wages

For each staff position to be funded by Title II/MHI funds, state the title, annual salary or wage, percent of a full time equivalent (FTE) dedicated to the program, and amount charged to the

program. If partial funding is requested for a position, indicate the other sources of funds for this position. Provide a brief description of position responsibilities. For positions with both program and administrative responsibilities, indicate the allocation between the two categories.

Fringe Benefits

Indicate, by percentage of total salary or actual cost, fringe benefits associated with above salaries. Describe items included in the amount and allocate between program and administrative based on salary allocation.

Travel

All travel must directly benefit the work supported by Title II/MHI funding and includes staff travel costs incurred for client services and attendance at trainings and conferences. List all travel anticipated for the one year period. Be specific about who will travel, where, when and why it is necessary. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. are to be supported annually. **Do not** include costs of travel provided to clients in this category, these costs should be included in “other expenses”. Indicate the allocation between program and administrative if applicable.

Supplies and Materials

Describe the types of supplies and materials needed to support client services and general offices supplies for staff associated with the program. Supplies should be reasonable, appropriate to the services supported under this RFP and be proportionate to the program. General office supplies must be reasonable and proportionate to program effort. Computer software should be included in this category. Equipment under \$5,000 per item should also be included in this category. Indicate the allocation between program and administrative costs if applicable.

Contractual

Describe the services that will be provided by another organization through a subcontract, how payments are made to the subcontractor, for example an hourly rate and the number of hours/visits, and the total dollar amount of the subcontract. This category should include any subcontractors identified in the narrative and Tables of the application.

Equipment

This category is for items with a unit cost over \$5,000. Proposed expenditures for purchase of equipment must be essential to the delivery of services and proportionate to the proposed programming.

Other Expenses

This category includes all other costs associated with services funded by Title II/MHI including, but not limited to, direct payments to providers of services made on behalf of clients, space costs,

communication, lease payments for equipment, mailing costs, equipment maintenance costs, printing costs, accounting and auditing costs, general agency insurance, depreciation and consultants. Be specific in describing each item in terms of what it is, why it is necessary, and how it relates to the proposed program. Some specific requirements for the budget narrative include:

Payments made to providers on behalf of clients should be itemized by service category and be proportionate to the service levels proposed in the narrative and Tables of the application.

Description of space costs should describe the method of allocation to Title II/MHI such as square footage occupied by staff, and costs to which the allocation is applied.

Description of communications should detail method of determining costs allocated to Title II/MHI such number of phone lines/internet connections required by staff.

Description of equipment lease payments or maintenance should indicate the nature of the equipment and the purpose as it relates to Title II/MHI funding.

Description of printing and mailing costs should describe the nature of the items such as client mailings, client brochures, client service forms etc.

Consultants are those persons or agencies that are utilized for a limited project that is not a direct client service such as accounting and audit fees. The nature and purpose any services to be provided by consultants should be detailed.

Direct administrative costs examples include accounting and auditing costs, general agency insurance, and depreciation.

Indirect costs These are always administrative and when combined with other administrative costs, must fall under the 10% cap. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Nonprofits and State Universities must submit documentation of the indirect rate approval with their Title II/MHI budgets.

PARTIAL BUDGET NARRATIVE EXAMPLE

The following example of costs and format is not all inclusive nor is it indicative of any cost expectations of applicants. It is only to serve as guidance for presenting allocation of costs between program and administrative and to provide sample salary and budget category descriptions. Detailed descriptions have only been provided for the Clinical Supervisor and the Fringe category.

	Program Costs	Administrative Costs	Total
<u>Salaries and Wages</u>			
Clinical Supervisor			
Annual Salary \$20,000			
FTE .5			
Salary Charged to Title II/MHI \$10,000	\$9,000	\$1,000	\$10,000
Facilitates case conferences, resolution of client issues, and procures client resources which approximates 90% of time charged to Title II/MHI. Supervises program staff, provides needed staff training, coordinates programming, assists with the design and maintenance of data collection system, prepares all required program reports, evaluates staff performance and assists with quality assurance which approximates 10% of time charged to Title II/MHI. Remainder of salary funded by HOPWA and Early Intervention grants.			
Case Manager			
Annual Salary \$15,000			
FTE 1.0			
Salary Charged to Title II/MHI \$15,000	\$15,000		\$15,000
(description not included in example).			
Client Advocate/Support Staff			
Annual Salary \$15,000			
FTE .8			
Salary Charged to Title II/MHI \$12,000	\$9,300	\$2,700	\$12,000
(description of responsibilities that are 77.5 % program and 22.5% administrative not included in example). Remainder of salary funded by HIV Prevention grant.			
Total Salaries and Wages	\$33,300	\$3,700	\$37,000
<u>Fringe</u>	\$6,660	\$740	\$7,400
Fringe is charged at a composite rate of 20% and includes employer share of payroll taxes, health insurance and unemployment insurance.			
<u>Travel</u>	\$500		\$500
(description not included in example).			
<u>Supplies and Materials</u>	\$1,600		\$1,600
(description not included in example).			
<u>Contractual</u>	\$1,000		\$1,000
(description not included in example).			
<u>Equipment</u>			\$0
<u>Other Expenses</u>			
Communications (description not included in example)	\$500	\$250	\$750
Space Cost (description not included in example)	\$500	\$250	\$750
Direct Client Assistance (itemized list and description not included in example)	\$10,000		\$10,000
Professional Liability Insurance (description not included in example)		\$500	\$500
Total Other	\$11,000	\$1,000	\$12,000
Total Funding Request	\$54,060	\$5,440	\$59,500

ATTACHMENT E

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

DHWDC/HAPIS ADMINISTRATIVE VERSUS SERVICE/PROGRAM COST BUDGET

GUIDANCE

JANUARY 2003

Introduction

This guidance covers some of the more frequent costs associated with Title II programs, and is not intended to include every activity a program might be engaged in.

The general rule regarding administrative costs is that specific administrative costs, indirect costs and other overhead cost distributions combined, cannot exceed 10% of each agency's total Title II budget.

According to the CARE Act legislation, states must ensure that administrative costs of entities and subcontractors who receive Title II allocations do not exceed 10%, in the aggregate, of the total allocations.

DHWDC/HAPIS has implemented this CARE Act requirement by limiting administrative costs to 10% of the total allocation each individual agency or program receives through its direct MDCH agreement. Administrative activities are defined as (excerpt from the 2002 Ryan White CARE Act Title II Manual, Section II, Chapter 5, page 41):

- (i) usual and recognized overhead, including established indirect rates for agencies;
- (ii) management oversight of specific programs funded under this title; and
- (iii) other types of program support such as quality assurance, quality control, and related activities.

For further guidance, refer to the 2002 Title II Manual, Section II, Chapter 5, "Cost for Administration, Planning, Evaluation, and Quality Monitoring". For purposes of your review, the relevant sections of the chapter are those that discuss "subcontractors" or "first-line entities". In the manual, "subcontractors" are the agencies or programs receiving Title II allocations from the state. The state is referred to as "the Title II Grantee" throughout the chapter.

It should be noted that the 10% cap is intended to be a ceiling on costs, not a floor. In other words, to the greatest extent possible, administrative costs should be kept to a minimum, and administrative costs of less than 10% are encouraged.

Specific Budget Line Item Guidance

Salaries, Line 1

Service/program costs are for staff directly involved in client service activities. This includes direct client interaction, preparing forms or tools for client services, developing client service policies and procedures, and procuring community resources for client services.

Activities of “clinical” supervision such as case conferences, resolution of client issues, or procuring resources are considered part of direct services. Supervisory time spent on preparation of staff evaluations, hiring staff, compensation decisions or other personnel issues are not part of direct services.

The portion of time of a staff position considered administrative includes: management oversight, quality assurance activities, entering and reporting URS data, preparing progress reports, preparing funding applications and proposals, development and use of reimbursement and accounting systems, and compliance with contract conditions and audit requirements.

Thus, for staff who are responsible for multiple agency programs, a determination of how much time and related salary is needed for Title II/MHI programs must be calculated first. Then a determination of time and related salary spent on direct service provision must be made to determine service/program costs. All other time and related salary spent on administrative functions outlined above falls under the 10% cap on administrative costs.

Fringe Line 2

The split between administrative and service/program costs is based on the salary allocation above. Thus if actual costs are used, they must be prorated between administrative and service/program costs based on the salaries. If a combined fringe rate is used, the rate should be applied to the salaries allocated between administrative and service/program costs.

The allocated salaries and fringe for administrative costs fall under the 10% administrative cap.

Travel Line 3

Based on the functions outlined above, service costs are those incurred by staff for travel to provide direct client service. This would also include travel and registration fees for staff training or conferences that enhance client service provision activities.

Other travel, such as to a statewide planning meeting, is administrative.

Supplies and Materials Line 4

Service costs include only those items directly related to providing client service such as materials needed for client charts, client service brochures (not overall agency brochures), office supplies used by direct service staff, and equipment under \$5,000 per item used exclusively by direct service staff, or allocated portions of equipment under \$5,000 per item based on the functions outlined above.

Administrative costs would include general agency office supplies or computer software used for general agency purposes.

Contractual Line 5

Service costs are those associated with agency subcontracts with other providers for direct Ryan White funded services such as mental health counseling, substance abuse treatment or other

supportive services. Subcontract recipients in this category are those that must comply with the same MDCH contract provisions that the agency does and are usually for direct client service.

Equipment Line 6

This budget line item is only used if an item is over \$5,000 in unit cost. The split between administrative and service costs would follow the method described under supplies.

For example, a computer used exclusively by a case manager would be a service cost. A computer used only for the agency's accounting system would be an administrative cost.

Other Expenses Line 7

This broad category includes many items. The following list is intended for guidance only and is not an attempt to include all costs a program may incur: payments to providers on behalf of clients, space costs, communication, lease payments for equipment, general agency insurance, mailing costs, equipment maintenance costs, interpreter costs, printing costs, depreciation, accounting and audit costs and consulting fees.

Consultants are those persons or agencies that are utilized for a limited project that is not a direct client service. Examples include hiring a consultant for preparation and analysis of client surveys, conducting a community needs assessment, accounting and auditing services or computer services.

The general distinction between service and administrative costs applies. Service costs must directly relate to the provision of Title II/MHI services. All other costs are administrative.

Some specific examples:

Space costs: Service costs would include the space occupied by the direct service staff. Also, space used for a food pantry can be included in service costs. All other space costs are administrative.

Communications: Service costs would include the portion of communication expenses for the direct service staff only, all other costs are administrative.

Other service costs: Some examples of other direct costs are expenses for client mailings, printing of client brochures, equipment lease and maintenance expenses for items used specifically by the direct service staff, or language interpreters used for clients.

Other administrative costs: Some examples include accounting and auditing costs, general agency insurance, costs associated with general agency mailings or printing and depreciation.

Indirect Costs Line 9

These are always administrative and when combined with other administrative costs, must fall under the 10% cap. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Nonprofits and

State Universities must submit documentation of the indirect rate approval with their Title II/MHI budgets.

Other Cost Distributions Line 10

Generally only used by Health Departments, these are always administrative and when combined with other administrative costs, must fall under the 10% cap.

Note: Document prepared January 2003. Categorical descriptions and division between service/program and administrative costs outlined above are subject to change based on revisions to state or federal policy and legislation.

ATTACHMENT F
HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

LETTER OF INTENT TO APPLY FOR FUNDS FORM
SUBMIT BY 5:00 P.M. EST ON FRIDAY, FEBRUARY 23, 2007 TO:
(in person, by mail or by fax, must be received by HAPIS by deadline)

Note: Please call Traci Goulding at (517) 241-5906 to confirm that your Letter of Intent has been received by DHWDC/HAPIS within 24 hours of submission.

Attn: Traci Goulding
HIV/AIDS Prevention and Intervention Section
Division of Health, Wellness and Disease Control
109 Michigan Avenue, 9th Floor
Lansing, MI 48913
517-241-5911 Fax

Name of Organization: _____

Address: _____

Contact Name _____

Contact Title _____

Contact Phone Number: _____ FAX: _____ E-mail: _____

Type of Agency: CBO/NGO _____ Government Agency _____
 Hospital/State University _____ Other Health Center _____

Geographic Area/Counties to be Served: _____

Total Amount of Funding Request: \$ _____

Category(s) of Service to be Applied for (check all that apply):

- _____ Ambulatory/Outpatient HIV Medical Care
- _____ Case Management/Client Advocacy, HERR, Housing Related Services
- _____ Outreach Services
- _____ Mental Health Services
- _____ Psychosocial Support Services
- _____ Food/Meals/Supplements
- _____ Transportation Services
- _____ Direct Financial/Client Assistance

(Must be signed by individual authorized to enter into agreements on behalf of organization)

Signature of Contracting Agent _____ Date _____

Print Name _____ Title _____

ATTACHMENT G
HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007
PROPOSAL SUMMARY

Name of Organization: _____

Address: _____

Contact Name and Title _____

Contact Phone Number: _____ FAX: _____ E-mail: _____

Type of Agency: CBO/NGO _____ Government Agency _____
 Hospital/State University _____ Other Health Center _____

Geographic Area/Counties to be Served: _____

Total Amount of Funding Request: \$ _____

Proposal Summary

(Must be signed by individual authorized to enter into agreements on behalf of organization)

I hereby certify to the best of my knowledge and belief that the programmatic and financial information contained in this Application is true and correct. I further understand that completion of this application does not guarantee funding.

Signature of Contracting Agent _____ Date _____

Print Name _____ Title _____

ATTACHMENT H-1

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

ASSURANCE FORM: NON PROFIT COMMUNITY BASED ORGANIZATIONS AND NON- GOVERNMENT ORGANIZATIONS

We, The Board of Directors of _____ acknowledge that we have reviewed the application for funds submitted to Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section, (MDCH/DHWDC/HAPIS) in response to the Request for Proposals for HIV Continuum of Care Services issued in February 2007.

Further, we understand that if our application is funded, we will enter into an agreement with MDCH/DHWDC/HAPIS, which will contain certain expectations in terms of program operations, reporting, staff development, and fiscal oversight.

We also provide the following assurances:

1. That the Board of Directors convenes on a regularly scheduled basis (not less than quarterly) and that minutes of those meetings are available for review.
2. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the Board of Directors.
3. The Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
4. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
5. The Treasurer of the Board of Directors has been fully informed of his/her responsibilities.
6. The Board of Directors has an Audit and/or Finance Committee that convenes and communicates regularly with the Treasurer and other Board members to assist in understanding and responding to financial developments.
7. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
8. The agency and its employees, volunteers and subcontractors (if applicable), provide assurance that confidentiality of all records shall be maintained. No information obtained in connection with individuals served by the program operated by the above named agency will be released without the expressed written consent of the individual client.
9. That all services delivered as part of this application for funds will be delivered according to a specific contract negotiated with MDCH/DHWDC/HAPIS and that services will follow guidelines established by the Health Resources Services Administration, Centers for Disease Control and Prevention, and the Public Health Service.
10. That all services delivered will be culturally and linguistically appropriate.
11. That all services have incorporated the following into protocols and practices, if appropriate:
 - o Linkage and referral to HIV care services for comprehensive care
 - o Linkage and referral to HIV prevention services for the purpose of stopping the spread of HIV
 - o Linkage and referral to Partner Counseling and Referral Services (PCRS)
 - o Linkage and referral to HIV drug adherence activities

ATTACHMENT H-1, PAGE 2

Signature: _____ Date: _____
(Must be signed by Board member authorized to enter into agreements on behalf of organization)

Printed or Typed Name: _____ Title: _____

NOTE: A complete roster of all current members of the Board of Directors, including names, addresses, and affiliation must be submitted with this form.

ATTACHMENT H-2

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

ASSURANCE FORM: GOVERNMENT AGENCIES, HOSPITALS OR STATE UNIVERSITIES

I, _____ as the individual authorized to enter into an agreement for _____ for the purposes of providing HIV related services acknowledge that I have reviewed the application for funds submitted to Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section, (MDCH/DHWDC/HAPIS) in response to the Request for Proposals for HIV Continuum of Care Services issued in February 2007.

Further, I understand that if the application is funded, we will enter into an agreement with MDCH/DHWDC/HAPIS, which will contain certain expectations in terms of program operations, reporting, staff development, and fiscal oversight.

I also provide the following assurances:

1. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
2. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
3. The agency and its employees, volunteers, and subcontractors (if applicable), provide assurance that confidentiality of all records shall be maintained. No information obtained in connection with individuals served by the program operated by the above named agency will be released without the expressed written consent of the individual client.
4. That all services delivered as part of this application for funds will be delivered according to a specific contract negotiated with MDCH/DHWDC/HAPIS and that services will follow guidelines established by the Health Resources Services Administration, Centers for Disease Control and Prevention, and the Public Health Service.
5. That all services delivered will be culturally and linguistically appropriate.
6. That all services have incorporated the following into protocols and practices, if appropriate:
 - o Linkage and referral to HIV care services for comprehensive care
 - o Linkage and referral to HIV prevention services for the purpose of stopping the spread of HIV
 - o Linkage and referral to Partner Counseling and Referral Services (PCRS)
 - o Linkage and referral to HIV drug adherence activities

Signature: _____

Date: _____

Printed or Typed Name: _____

Title: _____

Organization Name: _____

ATTACHMENT I

HIV CONTINUUM OF CARE SERVICES RFP FEBRUARY 2007

TECHNICAL ASSISTANCE CONFERENCE CALL REGISTRATION

**FAX TO TRACI GOULDING
517-241-5911**

**RSVP
HIV Continuum of Care RFP
Technical Assistance Conference Call
March 2, 2007
10:00 a.m. – 12:00 p.m.
Call in number 1-888-252-9640
Passcode: 9127497, #**

Organization Name: _____

Name of persons participating on the call:

Our organization is unable to participate: _____

Please complete and return to Traci Goulding no later than Wednesday, February 28, 2007.

Traci Goulding
HIV/AIDS Prevention and Intervention Section
Division of Health, Wellness and Disease Control
109 Michigan Avenue, 9th Floor
Lansing, MI 48913
517.241.5911 (fax)