

Funding Opportunity

Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration

H A H S T A



Request for Applications (RFA)
2013 COMPREHENSIVE TREATMENT SUPPORT

HAHSTA RFA# CTS122112

RFA Amendment (Released 01.16.13)

RFA# CTS122112 is amended by the addition of the Appendices, which begin after page 45. All additions, corrections and updates can be found in the following:

- **NEW:** Appendix A – Summary of Amended Content (the content of Appendix A supersedes the language and content of the RFA originally released 12.21.12. All changes are noted in the Appendix only and are highlighted in RED)
- **NEW:** Appendix B – Frequently Asked Questions



HAHSTA RFA# CTS122112
Application Submission Deadline: January 31, 2013 at 4:30 p.m.

LATE APPLICATIONS WILL NOT BE ACCEPTED



2013 Comprehensive Treatment Support

Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.oca.dc.gov (click on Grants) or click here: [City-Wide Grants Manual](#)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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2013 Comprehensive Treatment Support

OVERVIEW

Purpose

The purposes of sub-grants awarded under this RFA are to:

1. Develop a holistic care delivery model that provides long-term treatment success and viral suppression for people living with HIV;
2. Ensure linkage to, and participation in, HIV medical care and, as appropriate, supportive services for HIV-infected persons;
3. Increase the proportion of people living with HIV and AIDS who are diagnosed by expanding and improving HIV testing capacity;
4. Provide strategic risk reduction, prevention, and comprehensive treatment support services to persons living with HIV;
5. To provide the best available HIV prevention services to persons at greatest risk for acquiring or transmitting HIV; and
6. Integrate condom distribution activities into HIV prevention activities.



The purpose of this RFA is to bring people living with HIV/AIDS and those at risk for contracting the virus into a cluster of bundled clinical care services. The patient centered medical home has emerged as a key strategy to address chronic disease quality and cost of care. Successful engagement of and retention of individuals living with HIV in high quality care and treatment can lead to improved health outcomes and viral suppression. Providers that exhibit the ability to provide comprehensive treatment support, such as HIV testing & linkages to care, retention in care, re-engagement activities and treatment adherence as well as interventions for high-risk negatives, such as condom distribution, HIV CTR and prevention interventions will be considered for funding. Services are to be fully accessible, well-suited to each population's behavioral, cultural settings, and other life situations, and fully integrated into related health care.

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Eligible Applicants

Program Areas	Types of Service Providers	Services Offered	Available Funding
A	<p>Full Range Clinical Providers (Core provider of the medical/clinical services to people living with HIV/AIDS. Must demonstrate capacity to deliver all services listed in the area.)</p>	<ul style="list-style-type: none"> • HIV Testing and Linkage to Medical Care • Primary Medical Care • Treatment Adherence • Comprehensive Treatment Support • Condom Distribution • Engagement in Care • Retention in Care • Re-engagement in Care • Prevention with Positives 	<p>\$600,000.00 Up to 2 awards</p>
B	<p>Clinical Care Providers (Medical community-based organizations that subcontracts with other social service/non-medical organizations to provide comprehensive services- i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.)</p>	<ul style="list-style-type: none"> • Comprehensive Treatment Support • Treatment Adherence • Condom Distribution • Prevention with Positives • Engagement in Care 	<p>\$400,000.00 Up to 2 awards</p>
C	<p>Community Based Organizations (Non-medical, community-based, population specific organizations (youth, faith-based, transgender, women, MSM, LGBTQ, etc.).</p>	<ul style="list-style-type: none"> • Targeted HIV Testing and Linkage to Medical Care • Social Network Screening for MSM Populations • Condom Distribution • Prevention with High-Risk Negatives 	<p>\$400,000.00 Up to 4 awards</p>

The following are eligible organizations/entities that can apply for grant funds under this RFA:

- Private, non-profit organizations
- Private entities include clinical care providers, community-based, and social service agencies
- Organizations currently receiving Ryan White Funding

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Program Areas

PROGRAM AREA A- Full Range Clinical Providers

Total Available - \$600,000, up to 2 awards

Services Provided:

- HIV Testing and Linkage to Medical Care
- Primary Medical Care
- Treatment Adherence
- Comprehensive Treatment Support
- Condom Distribution
- Engagement in Care
- Retention in Care
- Re-engagement in Care
- Prevention with Positives

PROGRAM AREA B- Clinical Care Providers

Total Available- \$400,000, up to 2 awards

Service Provided:

- Comprehensive Treatment Support
- Treatment Adherence
- Condom Distribution
- Prevention with Positives
- Engagement in Care

PROGRAM AREA C- Community Based Providers

Total Available- \$400,000

Multiple Services Areas:

- C1: Targeted HIV Testing and Linkage to Medical Care
 - C1a: Social Network Screening for MSM Populations
- C2: Condom Distribution among Target Populations
- C3: Prevention for High-Risk Negatives or People of Unknown HIV Status

Applicants listed in Program Areas A and B must demonstrate their ability to apply to conduct all activities listed. Applicants listed in Tier C may apply to conduct any combination of the activities listed for the tier.

Available Funding:

Approximately \$1,400,000 will be available for FY 2013 grant awards, with an optional, performance-based continuation year. All awards will be based on the availability of funds. Grants will be awarded through the use of the Centers for Disease Control and Prevention funds (1U62PS003685) under PS12-1201 Comprehensive HIV Prevention Project for Health Departments to support comprehensive HIV treatment support.

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Funding Period:

The award period for these programs is April 1, 2013 – December 31, 2013. There is an optional three-year continuation through December 31, 2014 based upon the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities

Addressing the Complexities of Individual's Lives through a Network of Services:

The District seeks proposals to implement wide-reaching HIV prevention strategies that address care and treatment for people living with HIV/AIDS and high-risk negatives. These strategies will ensure a smooth transition from HIV counseling and testing to long-term, on-going access to medical care and additional support services. Historically, effectively linking HIV positive persons to a medical home has been a challenge for providers. While multiple challenges to linkage exist, some common solutions to success identified by providers include: development of sub-contractual agreements and protocols for engaging clients into care; development of plans to outline treatment paths for patients engaged in care; active communication and closure of the feedback loop between testing provider and care provider; management priority on tracking successful linkage of positives (and not just total numbers tested or referrals made); access to or supports for transportation. Providers that demonstrate effective linkage pathways to care and treatment through sub-contractual agreements and/or provisions for such will be given additional points. Providers not already engaged in sub-contractual relationships must describe their plans for doing so in the future or must demonstrate their ability to provide the full range of services necessary to support individuals living with HIV/AIDS.

District data shows that, testing performed by community based organizations that offer HIV CTR results in a large number of persons who were previously known to be HIV positive. Reasons previous positives may participate in HIV testing services may include: repeat testing by client to confirm that they are truly positive; re-testing for assistance with facilitated disclosure to partners; and, testing for the purpose of collecting incentives offered for testing.

HAHSTA seeks to fund providers that demonstrate the ability to: (1) increase the proportion of people living with HIV and AIDS who are diagnosed by expanding and improving HIV testing capacity, (2) optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed individuals, (3) build a recapture mechanism that ensures continued engagement in a care, (4) improve viral suppression rates among people living with HIV/AIDS in DC and (4) engage high-risk negatives in prevention activities that decrease their risk for HIV, STI and hepatitis. Ultimately these providers will offer a holistic care delivery model that provides long-term treatment success for populations infected with HIV, as well as support high-risk negative individuals to make healthy lifestyle choices.

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Application Core Elements

Each application should address the following:

- *Comprehensive Treatment Support:* Demonstrate knowledge of comprehensive treatment support that includes the provision for or access to primary medical care, treatment adherence, HIV specialty care, case management, mental health treatment support, substance abuse treatment support, condom distribution, prevention with positive activities, retention and/or re-engagement activities. Effectively demonstrates how comprehensive treatment support activities will lead to viral suppression.
- *Recruitment/Retention:* Depending on the setting, recruitment or engagement may be performed through outreach/in-reach efforts within clinical and non-clinical settings. Providers describing themselves as Full Range Clinical Providers must demonstrate their ability to engage, recruit or re-engage clients lost to care. Clinical Care Providers without the capacity to conduct outreach and follow-up activities must demonstrate, through sub-contracts with community based organizations, their ability to access, recruit, and retain the target population. Community Based Organizations applying to conduct HIV CTR and linkage to care, prevention with high-risk negatives, and condom distribution among target populations must demonstrate their ability to access, recruit and serve the target population. Additionally, HAHSTA encourages the use of models with demonstrated efficacy in engaging HIV positive individuals unaware of their status or not linked to a medical home.
- *Monitoring and Evaluation:* Demonstrate ability to capture and report on the number of patients tested for HIV, the number of patients enrolled in care and treatment, the percentage of patients who make their appointments on time, the percentage of patients who pick of their medications and the percentage of patients virally suppressed. All funded providers are required to report these deliverables through DOH-approved systems client-level data in accordance with specific policies and processes. The following items should be addressed:
 - Person(s) responsible for monitoring and evaluation of services—describe whether there is a dedicated staff (part time, full time, team) who is responsible for client level data, surveillance, RSR and RDR reporting and what the training and qualifications of these staff have.
 - Identify who and how your organization will collect quality client level data. Does your program have EMR or other data systems? Detail how you use data to improve delivery and quality of services.
 - Identify how and who will develop and implement the Quality Improvement plan and quality improvement strategies.
 - Describe how data are used within your organization to impact program management and planning.
 - Describe your service-area specific Quality Improvement plans
 - Describe your organization's ability to monitor how the proposed activities will have an impact the following health outcomes:
 - Retention and stability in care over time
 - Decreased viral load
 - Increased CD4 counts

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- Fewer hospitalizations
 - Fewer opportunistic Infections
 - Improved quality of life
 - If your organization is not currently able to monitor these variables, please indicate what approaches will be put in place to gather this information. If certain outcomes are not relevant to your proposed activities, please explain.
 - Describe how this Quality Improvement Plan will be implemented to ensure the provision of continuous quality services
 - Describe your organization's Quality Improvement Plan for program services as well as administrative and fiscal performance.
 - Describe the organization's provisions for periodic and ongoing continuous staff education and training.
- *Collaboration:* All DOH/HAHSTA funded prevention providers will be required to participate in collegial forums/workshops. The purpose of these groups will be to foster collaboration, share best practices, address challenges, and coordinate prevention efforts across service area types in order to maximize the city's HIV prevention resources.

Applicants are strongly encouraged to use the local data available in their program design and application activities. HIV/AIDS statistics and HIV needs assessment data may be obtained from the HAHSTA website:

- HIV/AIDS, Hepatitis, STD and TB Annual Report 2011
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/HAHSTA_ANNUAL_REPOR_2012.pdf
- HIV Prevention Plan for 2012-2015
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20Jurisdictional%20HIV%20Prevention%20Plan_2012%202015.pdf
- Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan for 2012 - 2015
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/part_a_comprehensive_plan-final.pdf
- HIV Resource Directory
<http://haadirectory.doh.dc.gov/>

In addition, data from research studies and other valid and reliable resources, such as peer-reviewed literature, journal articles and published findings may be used.

The Jacques Initiative

<http://www.jacques.umaryland.edu/default.html>

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PROGRAM AREA DESCRIPTIONS

PART A: FULL RANGE CLINICAL PROVIDERS

Funds Available: Up to \$600,000 up to 2 awards

Eligible Applicants:

For Program Area A, applicant organizations must be the core provider of the medical/clinical services for the proposed program and must possess the ability to test, link to care, provide HIV, STI and hepatitis treatment and primary medical care services. Additional support services such as case management, condom distribution, linkages to housing, transportation, and financial support; as well as mental health treatment, substance abuse treatment, treatment support, integrated or direct access to pharmacy services, support groups, volunteer opportunities, community engagement and access to clinical research studies must also be made available.

This program area is open to organizations not already funded with Ryan White funds or they must demonstrate how additional funding will not lead to a duplication of patient care and/or services. Successful applicants currently receiving Ryan White funds will be required to submit a de-identified patient list for confirmation that these award funds will be used to care for a different patient population or must demonstrate how funds will expand existing services.

Description:

According to the National Committee for Quality Assurance, the Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. The JACQUES Initiative in Baltimore, MD is an example of this model. It is a holistic care delivery model described as the *Journey to Wellness*. This program works with people living with HIV/AIDS, their families and supporters, communities, and various social sectors of the City of Baltimore. Based on the Jacques Initiative, the list below is a description of the types of services Full Range Clinical Providers or "One Stop Shop" agencies should offer their clientele.

SERVICES

- Primary Medical Care
- HIV Specialty Care
- Case Management
- Condom Distribution
- Housing, Transportation, Financial
- Mental Health

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- Substance Abuse
- Treatment Support
- Integrated Pharmacy
- Support Groups
- Volunteer Opportunities
- Community Engagement
- HIV Testing and Counseling
- Clinical Research

The Jacques Initiative outlines the *Journey to Wellness* as a five step process that ensures that adequate support is offered to patients as they move throughout the continuum of care. Most people do not require that same level of support as they access care and adopt a treatment regimen that may lead to viral suppression, but it is imperative that clinical care providers offer support through each phase of treatment. Listed below are the five stages that must be incorporated into the care delivery system of Full Range Clinical Providers:

PREPARE

Prepare clients and their support systems for a lifetime of wellness in addition to preparing the community to address prevention, stigma, treatment and support. This is accomplished through:

- HIV education workshops that provide information, encouragement, and hope
- Wellness and adherence evaluations in order to develop comprehensive treatment plans and motivate goal setting
- Training leaders in the faith, academic, arts and entertainment, and civic communities to propel a message of hope, prevention, and reduced stigma

TREAT

With a focus on individual health and community wellness, comprehensive and integrated care is provided at a single location through a multidisciplinary team approach that includes:

- Primary medical care
- Nursing
- Case management
- Central health services
- Substance abuse services
- Clinical research

SUPPORT

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A support network for patients assists in accomplishing wellness goals through

- Peer advocacy and coaching
- An integrated pharmacy offering daily or weekly medication dosage
- Support groups to both general and specific audiences
- Field trips, a food pantry, and café supported by community volunteers
- Active engagement of family and friends

DEVELOP

Client volunteerism, linkage to job training and placement, and personal independence are essential to a patients' lifetime success and sustained wellness. Continual training and encouragement to partner community organizations in addition to mentorship of volunteers, students, and HIV professionals is essential to successful engagement in care.

Funds may be used to build the electronic medical record infrastructure to include alerts and reminders when a client has missed their appointment and requires follow-up. Use of this system should enhance retention and re-engagement activities to ensure follow-up on the patients care.

Effective behavioral interventions may be used to implement prevention with positive activities and further ensure treatment adherence and comprehensive treatment support. Other interventions (homegrown) may be considered but must be described in detail and provide data to support its effectiveness. The list below is an example of interventions that may be utilized for this activity:

Prevention with Positives Activities

Organizations serving this population may select one of the evidence-based interventions listed below.

Name of Intervention	Type of Intervention	Population Served
Healthy Relationships	Group Level (GLI)	All
Condom Distribution	Individual Level (ILI)	All
Together Making Choices	GLI	HIV-positive Youth (13-24)
WILLOW (Women Involved in Life Learning from Other Women)	GLI	HIV+ Women
ARTAS (Anti-Retroviral Treatment and Access to Services)	ILI	HIV+ Recently diagnosed
Project Heart (Helping Enhance Adherence to Antiretroviral Therapy)	ILI	HIV +ART- naïve

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Partnership for Health	ILI	ART-experienced
Peer Support	ILI and GLI	ART-experienced-or ART naïve
Text Messaging	ILI	ART-experienced-or ART naïve
SMART Couples Sharing Medical Adherence Responsibilities Together	Couple Level Intervention	HIV-serodiscordant couples, with poor medication adherence in the HIV-positive partner

Please visit the website below for additional descriptions of the interventions:

- Effective Behavioral Interventions

<http://www.effectiveinterventions.org>

Program Required Elements and Specific Evaluation Criteria for Program Area A

Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area A that will be used to evaluate the feasibility of the proposed program are listed below:

- Comprehensive Treatment Support: Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: HIV Testing and Linkage to Medical Care, Treatment Adherence, Comprehensive Treatment Support, Engagement in Care, Retention in Care, and Prevention with Positives will be addressed if funded.
- HIV Testing Performance: if current or past activities include HIV testing, describes the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months.
- Linkage for Positives: Provides a detailed plan for linkage to care, which includes % of patients tested for HIV, linked into care, retained and/or re-engaged in care annually, engaged in comprehensive treatment support that includes prevention with positive activities, treatment adherence, transportation support, peer advocacy, and support groups, etc.
- Viral suppression: Applicant thoroughly describes how comprehensive treatment support will lead to viral suppression among enrolled HIV positive patients. Must include the current % of viral suppression and the expected level of improvement with the addition of these funds.

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- **High Impact Prevention:** Applicant must include how and which biomedical, behavioral and/or structural interventions will be used to address treatment adherence, prevention with positive activities, linkages to care and retention in care to ensure that clients receive the full spectrum of care. If a “homegrown” intervention will be used, include data to support its effectiveness and % of patients engaged in program.
- **Ryan White Funded Providers:** **Thoroughly describes how funds will be used either to expand existing services or their ability to provides a de-identified patient list for confirmation that these award funds will be used to care for a different patient population.**
- **Incentives:** Describes, if incentives are used, how they will be used to enhance or ensure retention in care, treatment adherence and continued engagement in care. *Note: incentives are allowable; we ask that they be thoughtfully considered and used strategically in your program. For example, a provider may elect to provide financial incentive for viral suppression and/or for maintaining appointment schedule.
- **Monitoring and Evaluation:** Thoroughly describes applicants’ ability to capture and report on the number of patients tested for HIV, the number of patients enrolled in care and treatment, the percentage of patients who make their appointments on time, the percentage of patients who pick of their medications and the percentage of patients virally suppressed. All funded providers are required to report these deliverables through DOH-approved systems client-level data in accordance with specific policies and processes. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.
- **Electronic Medical Records:** Thoroughly describe how an improved medical records system will lead to enhance retention and re-engagement activities that ensure follow-up on the patients’ care.
- **Collaboration:** Describes willingness to participate in quarterly or semi-annual meetings to discuss best practices, lessons learned and other information discovered during the grant period.

PROGRAM AREA B: CLINICAL CARE PROVIDERS

Total Available- \$400,000, up to 2 awards

Eligible Applicants

For Program Activity Area B, applicants are medical community-based organizations that need to subcontract with other social service/non-medical organizations to provide comprehensive services (i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.). These providers do not have the reach or capacity to conduct outreach and follow-up activities to re-engage clients lost to follow-up.

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This service area is open to organizations not already funded with Ryan White funds or they must demonstrate how additional funding will not lead to a duplication of patient care and/or services. Successful applicants currently receiving Ryan White funds will be required to submit a de-identified patient list for confirmation that these award funds will be used to care for a different patient population.

Description

The medical home model holds promise as a way to improve health care in America by transforming how primary care is organized and delivered. Health reform is moving towards establishment of patient centered medical homes for better care of chronic disease. It is expected that community based organizations and clinical care providers develop working relationships that ensure individuals infected with HIV are linked into care, retained and/or re-engaged, if previously diagnosed and not in care and provided support services that address additional need.

These collaborative relationships between DC- based medical providers and CBOs to provide HIV counseling and testing, prevention with positives programs, care and treatment services, and many other services, e.g., substance use, mental health, education, free condoms, medical support, free medication and direct services will lead to increased treatment adherence, viral load suppression and better health outcomes. Studies have shown that clinical supervision of community based programs increases adherence and viral load suppression. Without clinical supervision, there has been no improvement. Support services that are tailored to the express needs of patients significantly leads to better care and improved health outcomes. The ability to conduct retention and recapture activities will provide necessary support to clients who are unable to maintain their treatment regimen and ensure their care through the treatment continuum.

Expectations of Clinical Care Providers

1. Ability to emerge as a patient centered medical home by:
 - a. Offering primary medical care, HIV specialty care, case management, mental health treatment support, and substance abuse treatment support, etc.;
 - b. Decreasing stigma related to HIV testing and engaging in care; and
 - c. Building upon the existing infrastructure of the electronic medical record system to include reminders and alerts when a client has missed their appointment and requires follow-up.
2. Develop working relationships with community based providers by:
 - a. Exchanging data with community based providers for retention and re-engagement efforts;
 - b. Implementing contractual relationships and medical releases to exchange patient data;
 - c. Participating in multidisciplinary team with community based providers; and
 - d. Developing unified navigation and linkages protocols with organization.

Expectations of Community Based Organizations

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1. Enlist and enroll patients to offer comprehensive treatment support such as:
 - a. HIV counseling and testing;
 - b. Connection to care;
 - c. Preparation for care and treatment;
 - d. Engagement/Staying in Care; and
 - e. Development of patients as peer educators, volunteers, etc.
2. Develop working relationships with clinical care providers
 - a. Receive data from clinical providers for retention and re-engagement efforts;
 - b. Engage in contractual relationships and execute medical releases to exchange patient data;
 - c. Participation in multidisciplinary team with clinical care partner; and
 - d. Demonstrated connected partnerships with clinical providers.

The selected clinical care providers must link to a CBO that will be responsible for: (1) conducting targeted outreach to identify individuals in need of HIV testing, (2) linking newly identified individuals and those previously diagnosed and not in care to the PCMH, and (3) conduct mobile outreach and re-capture blitzes to re-engage clients not having a lab result in more than six months. With this contractual arrangement, the “recapture blitz” will move from a novel concept to a regular practice that ensures consistent and routine retention in care. The “results” will be monitored and evaluated using a DOH-approved disease surveillance system. Both entities must demonstrate the capacity to share patient data in a confidential and secure manner. Additionally, the applicant must describe how this information will be shared, time intervals for data sharing, practices for participation in multidisciplinary team meetings and how the communication loop to confirm linkages will be closed.

For this RFA, Program Area B Applicants **MUST** demonstrate an established sub-contractual agreement with a community based organization who will ensure effective linkages for HIV positive persons. Efforts must be placed on ensuring that previous positives are also linked to follow-up services, along with persons with newly identified HIV infection.

Funds may be used to build the electronic medical record infrastructure to include alerts, interface abilities and reminders when a client has missed their appointment and requires follow-up. Use of this system should enhance retention and re-engagement activities to ensure follow-up on the patients care.

Effective behavioral interventions may be used to implement prevention with positive activities and further ensure treatment adherence and comprehensive treatment support. Other interventions (homegrown) may be considered but must be described in detail and provide data to support its effectiveness. The list below is an example of interventions that may be utilized for this activity:

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Prevention with Positives Activities

Organizations serving this population may select one of the evidence-based interventions listed below.

Name of Intervention	Type of Intervention	Population Served
Together Making Choices	GLI	HIV-positive Youth (13-24)
Condom Distribution	ILI	All
WILLOW (Women Involved in Life Learning from Other Women)	GLI	HIV+ Women
ARTAS (Anti-Retroviral Treatment and Access to Services)	ILI	HIV+ Recently diagnosed
Project Heart (Helping Enhance Adherence to Antiretroviral Therapy)	ILI	HIV +ART- naïve
Partnership for Health	ILI	ART-experienced
Peer Support	ILI and GLI	ART-experienced-or ART naïve
Text Messaging	ILI	ART-experienced-or ART naïve
SMART Couples Sharing Medical Adherence Responsibilities Together	Couple Level Intervention	HIV-serodiscordant couples, with poor medication adherence in the HIV-positive partner
Project Heart (Helping Enhance Adherence to Antiretroviral Therapy)	ILI	HIV +ART- naïve

Please visit the website below for additional descriptions of the interventions:

- Effective Behavioral Interventions

<http://www.effectiveinterventions.org>

Program Required Elements and Specific Evaluation Criteria for Program Area B

Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area B that will be used to evaluate the feasibility of the proposed program are listed below:

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- **Comprehensive Treatment Support:** Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: Comprehensive Treatment Support, Treatment Adherence, Condom Distribution, Prevention with Positives, Engagement in Care and sub-contractual agreements with community based organizations to address HIV CTR and linkage to care if funded. Must demonstrate extensive knowledge and experience with implementing comprehensive treatment support.
- **HIV Testing Performance:** Describes current or past activities of the sub-contracted community-based organization conducted HIV testing, the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months. The degree to which the clinical care provider and community based organization will utilize HIV testing to engage new and previously positive individuals into care.
- **Linkage for Positives:** Provides a detailed unified plan for linkage to care, which includes % of patients tested for HIV, linked into care, retained and/or re-engaged in care annually, engaged in comprehensive treatment support that includes prevention with positive activities, treatment adherence, transportation support, peer advocacy, and support groups, etc. Must describe how the sub-contractual agreement will enhance the clinical care provider's ability to conduct retention activities, such as "recapture blitzes", outreach and follow-up with patients lost to care.
- **Viral suppression:** Applicant thoroughly describes how comprehensive treatment support and partnerships with community based organizations will lead to viral suppression among enrolled HIV positive patients. Must include the current % of viral suppression and the expected level of improvement with the addition of these funds.
- **Partnerships:** Thoroughly describes the sub-contractual agreements with the selected community based organizations, rationale for selecting the community based organizations, outlines specific tasks assigned to the clinical care provider and the CBO, describes how the linkage communication loop will be closed, describes how CBO staff will be integrated into the clinical care provider's system, describe how the electronic medical records system will be utilized and include a copy or copies of executed agreements. If sub-contractual agreements have not been executed, applicant must describe plans for doing so in the first three months of funding. **Failure to implement within the first three months of funding will result in a discontinuation of funds.**
- **High Impact Prevention:** Applicant must include how and which biomedical, behavioral and/or structural interventions will be used to address treatment adherence, prevention with positive activities, linkages to care and retention in care to ensure that clients receive the full spectrum of care. If a "homegrown" intervention will be used, include data to support its effectiveness and % of patients engaged in program.
- **Data Sharing:** Thoroughly describe the thresholds that will be set for data sharing to initiate recapture activities, describe how data will be shared and timeline for doing so,

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and describe how clinical care provider will enhance the infrastructure of the CBO to ensure communication is shared in seamless manner.

- **Ryan White Funded Providers: Thoroughly describes how funds will be used either to expand existing services or their ability to provide a de-identified patient list for confirmation that these award funds will be used to care for a different patient population.**
- Incentives: Describes, if incentives are used, how they will be used to enhance or ensure retention in care, treatment adherence and continued engagement in care. *Note: incentives are allowable; we ask that they be thoughtfully considered and used strategically in your program. For example, a provider may elect to provide financial incentive for viral suppression and/or for maintaining appointment schedule.
- Monitoring and Evaluation: Thoroughly describes applicant's ability to capture and report on the number of patients tested for HIV, the number of patients enrolled in care and treatment, the percentage of patients who make their appointments on time, the percentage of patients who pick of their medications and the percentage of patients virally suppressed. Must include indicators for initiating recapture activities. All funded providers are required to report these deliverables through DOH-approved systems client-level data in accordance with specific policies and processes. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.
- Collaboration: Describes willingness to participate in quarterly or semi-annual meetings to discuss best practices, lessons learned and other information discovered during the grant period.

PART C: COMMUNITY BASED PROVIDERS

Total Available- \$400,000, up to 4 awards

Eligible Applicants:

For Program Activity Area C, HAHSTA is seeking applications from community-based organizations, social service organizations, and non-clinical providers with specific access to, experience reaching, or service provision for High-Risk HIV Negative or Unknown HIV Status described below or otherwise described by the applicant. This area is intended to support the full spectrum of social network HIV screening, condom distribution among social networks and prevention activities for high-risk individuals. This also includes recruitment/engagement, HIV testing, and effective linkages. The recruitment of participants for these interventions will vary based upon the organization and target population and settings. The strategies are intended to occur within community based organizations, faith-based institutions, venues that serve the target populations and other community based venues. Recruitment through condom distribution and HIV testing may lead to the identification of HIV positive individuals who are then effectively linked into care systems. Networking and collaboration are strongly encouraged as a

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means of enhancing the impact of these interventions, therefore maximizing resources for the benefit of the District, and identifying/addressing potential gaps.

Description:

This area is intended to support core, behavioral prevention interventions with linkages to a package of services that reduce risk, increase risk awareness and support healthy life choices. The applicant will identify an HIV prevention program that provides effective behavioral interventions to high-risk HIV negatives and those of unknown HIV status to reduce risk of infection, transmission and increases successful utilization of HIV screening, care and treatment services.

PROGRAM AREA C1: Targeted HIV Testing and Linkage to Medical Care Total Available- \$100,000, up to 1 award

Eligible Applicants:

For Program Activity Area C1, we are seeking applications from non-medical community-based organizations or other social service/non-medical organizations with specific access to, experience reaching, or service provision capacity for Target Populations described below or otherwise described by the applicant.

Description:

The primary overall goal of HIV testing is to identify persons who are HIV infected and to link them to care. Targeted voluntary routine opt-out HIV counseling and testing services serve persons or populations with specific needs, especially high risk behaviors, or difficulties routinely accessing health services. These HIV Counseling and Testing Services do not end with the completion of the HIV test, but also include both linking HIV-positive (including preliminary positives and previously positives) to medical care as well as linking high risk HIV-negative persons to additional prevention information and behavior change support services. Targeted HIV testing can also serve to encourage lifelong routine testing practices among HIV negative persons.

Oftentimes, people at increased risk of contracting HIV are marginalized persons with little to no access to and/or irregular utilization of traditional health care systems. Offering CTRS in outreach and other non-medical community settings, by trusted entities, are critical methods of ensuring that those disenfranchised or specific at-risk populations actually learn their HIV status and are given the opportunity to enter into medical and social service systems. In addition, some populations, such as youth, may require specific services to address not only current but also future health behaviors and developmental issues that will not be fully or regularly met through the health care system.

Non-traditional or community based (CBO) CTRS programs are typically targeted testing programs that focus on difficult to reach or specialty populations served by a particular organization. These organizations frequently directly provide or link persons to critical non-HIV or non-health related services that address specific needs of the target population. These

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CBO CTRS programs can include fixed site, mobile & outreach programs and may incorporate innovative recruitment strategies.

HAHSTA's Red Carpet Entry program is available as an additional resource for HIV testing partners seeking to reduce barriers to care for HIV positive clients. For this RFA, Program Area C1 Applicants **MUST** demonstrate an established partnership with a medical HIV provider(s) who will be the recipient(s) of the program's referrals for HIV positive persons (i.e., contractual relationships and medical releases to exchange patient data; participation in multidisciplinary team with clinical care providers; and demonstrated connected partnerships with clinical care providers).

For this RFA, Program Area C1 Applicants **MUST** address how they will assess previously positive clients for current participation in primary HIV medical care, and how they will link those currently without an HIV medical home to/back into those services. Program Area C1 Applicants proposing to give incentives for testing **MUST** describe the specifics of the incentive program and discuss measures to be taken to reduce the likelihood of previously identified persons repeatedly testing for the purpose of receiving incentives.

Target Populations with specific informational, health literacy, harm reduction, or health care access needs may include but are not limited to (**not listed in priority order**): Youth, Commercial Sex Workers, Older Adults, Injection Drug Users, Non-Injection Drug Users, Transgender Persons, Homeless Persons, Recently incarcerated Men and Women, Latino Men and Women, Recent Immigrants, African American Heterosexual Men and Women, African American Men Who Have Sex with Men (MSM), and White MSM.

Program Required Elements and Specific Evaluation Criteria for Program Area C1

Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area C1 that will be used to evaluate the feasibility of the proposed program are listed below:

- Comprehensive HIV Testing: Describes a continuum of care that effectively addresses ALL elements highlighted in the Program Activity Description for Area C1, specifically: HIV Testing Strategy, Recruitment/Engagement, HIV Testing Method, Linkage, Monitoring and Evaluation, and Collaboration.
- HIV Testing Performance: if current or past activities include HIV testing, describes the testing methodology employed and details of past performance, to include the number of HIV tests, % testing positive and % linked to care for prior 12 months.

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- **Target Population:** demonstrates competency and experience providing HIV and non-HIV services, which will enhance the program's ability to reach target population. Plan provides specific targets of #s of clients to be reached in the proposed 12 month grant period.
- **Incentives, if applicable:** Describes a clear plan to utilize incentives in a manner that increases the likelihood of individuals getting tested and minimizes repeat testing for known HIV positives or those who have had a recent HIV test and are motivated by incentives.
- **Innovative Testing Strategies, if applicable:** describes the proposed use of innovative approaches and how they will enhance the HIV Testing services.
- **Linkage for Positives and High Risk Negatives:** describes established pathways into care through a formalized network of providers and describes clear protocols for assessing client needs for additional services.
- **Monitoring and Evaluation:** describes detailed plan for collecting and submitting client level data for all activities related to HIV testing services, such as PS, discordant/invalid results to the Department of Health. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.

PROGRAM AREA C1a: HIV Testing Using the Social Networks Model with MSM Populations

Total Available- \$100,000, up to 1 award

Eligible Applicants:

For Program Activity Area C1a, we are seeking applications from providers of community based services and/or clinical health services who offer or propose to offer HIV testing services using the Social Networks model with MSM populations. Applicant organizations must be the core implementer of the testing model and facilitate testing services. They do not, however, have to provide the direct testing services. Applicant organizations must ensure linkage to care for all HIV positive MSM's identified through the Social Networks testing program, regardless of whether or not the funded organization provides direct testing services.

The applicant must demonstrate direct access to the MSM population, as well as experience working with the population. Social Networks is oftentimes a time consuming and labor intensive process however; it has been proved to be highly effective in the identification of persons with new HIV diagnoses. It is imperative that the applicant demonstrate an understanding of the needs of the population, addresses stigma, is aware of the need for cultural sensitivity and identifies recruitment activities for accessing the population.

Description:

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This service area is designed to support HIV testing services that employ the use of the Social Networks Model with MSM populations. The Social Networks Model for HIV testing is an incentive-based program that targets individuals at high risk for acquiring HIV/AIDS as a result of social, sex and drug sharing practices with HIV infected individuals. Social Networks consists of four primary phases: Recruiter Enlistment, Engagement (Orientation, Interview, and Coaching), Recruitment of Network Associates, and Counseling, Testing and Referral. The overall goal is to utilize the four phases to penetrate social networks with known high risk behaviors and/or HIV infection to offer members HIV testing services and linkage to care. This highly targeted and incentivized approach to voluntary HIV testing requires dedicated program staff to develop strong relationships with individuals with known HIV infection who will serve as program Recruiters. Program staff provides intensive coaching and supportive services to encourage Recruiters to identify their social, sexual, and/or drug sharing partners for HIV testing. The successfully funded organization does not have to provide the actual HIV testing services, but can facilitate the process by conducting the recruitment, orientation and network selection activities that result in HIV testing from a partner HIV testing services provider (through MOU/MOA and or sub-contractual agreement).

Within the District of Columbia there are formal and informal social networks, some establishment-based, such as bars, restaurants, clubs, gyms and open areas and some community-based such as house parties, business events and informal gatherings are where members of the target population meet, engage in risky behavior, and/or unprotected sex, share injection materials and/or socialize. It will be necessary to conduct outreach and build relationships with gatekeepers to ensure penetration into the social networks of the target population. Listed below are examples of networks:

- Young MSM
- Homeless and young, homeless MSM
- Older Adult MSM (over 50)
- Internet-using MSM
- Sex party participants (bug chasers)
- Sex workers and young sex workers
- House boys (live-ins)
- HIV-positive MSM
- Leather
- Bikers
- Immigrant and non-immigrant
- Non-gay identified
- IDU MSM

Program Required Elements and Specific Evaluation Criteria for Program Area C1a

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Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area C1a that will be used to evaluate the feasibility of the proposed program are listed below:

- Comprehensive HIV Testing or Facilitation: Describes a continuum of care that effectively addresses ALL elements highlighted in the Program Activity Description for Area 1, specifically: HIV Testing Strategy, Recruitment/Engagement, HIV Testing Method, Linkage, Partner Services, Monitoring and Evaluation, and Collaboration. If testing facilitation is elected, describe process for facilitating HIV testing of Network Associates to include all applicable partnerships and monitoring processes.
- HIV Testing Performance: if current or past activities include HIV testing, describes the testing methodology employed and details of past performance, to include the number of HIV tests, % testing positive and % linked to care for prior 12 months.
- Target Population: demonstrates competency and experience providing HIV and non-HIV services, which will enhance the program's ability to reach target population. Plan provides specific targets of #s of clients to be reached in the proposed 12 month grant period. Describe organization's plan to approach the MSM population for the purposes of recruiter enlistment activities.
- Incentives, if applicable: Describes a clear plan to utilize incentives in a manner that increases the likelihood of individuals getting tested and minimizes repeat testing for known HIV positives or those who have had a recent HIV test and are motivated by incentives. Demonstrate organizational capacity and system for monitoring the distribution of incentives to recruiters and network associates.
- Linkage for Positives and High Risk Negatives: describes established pathways into care through a formalized network of providers and describes clear protocols for assessing client needs for additional services.
- Monitoring and Evaluation: describes detailed plan for collecting and submitting client level data for all activities related to HIV testing services, such as PS, discordant/invalid results to the Department of Health. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.
- Because program monitoring and evaluation activities, including those assessing the productivity of social networks, are critical components of the social networking model, successful applicants must demonstrate competency in program evaluation.

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PROGRAM AREA C2: Condom Distribution among Target Populations **Total Available- \$100,000, up to 2 awards**

Funding Period: The award period is April 1, 2013 – December 31, 2013. There is an optional one-year continuation through December 31, 2014 based upon the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities.

Eligible Applicants:

For Program Activity Area C2, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with demonstrated experience working among specific social networks (MSM, heterosexual, youth, injection drug users, LGBTQ, etc.).

Description:

The purpose of Program Area C2: Condom Distribution among Target Populations is to fund one provider to implement a program for outreach, education, distribution and promotion of condoms for the prevention of HIV and STDs, namely Syphilis. The provider will identify and assess social networks, form partnerships with organizations/businesses serving the specific target population (must specify which population organization is proposing to target) and develop activities that will engage sponsors and participants of social network events and venues. The provider will also integrate peer educators and ambassadors as a component of the program with recruitment and training. ***This is not a general condom distribution program that includes mass distribution at venues, but a targeted campaign to address specific behaviors exhibited by the social networks of the target population.***

The District has both formal and informal social networks, some establishment-based, such as bars, restaurants, clubs, gyms and open areas and some community-based such as house parties, business events and informal gatherings. The applicant must describe their ability to penetrate these networks and further engage members of the target population. Target populations for consideration:

- Young MSM
- African American heterosexual men
- Injection drug users
- Older Adults (over 50) – MSM or heterosexual
- Internet-using MSM
- Sex party participants (bug chasers)
- Sex workers and young sex workers

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A successful applicant will describe a program that does not simply offer a single service but one that demonstrates the ability to offer a range of services and has established collaborative partnerships with agencies that offer services. Note that programs are **NOT** expected to ‘do it all’—however they should be able to provide direct linkages to other service providers that offer the services they do not have the capacity or ability to provide; therefore linkages with external partners are most important.

The goals of this activity are to:

- Conduct condom promotion and distribution activities among specific social networks and to specifically to increase condom use among members of the target population who are HIV-positive and individuals at high risk of acquiring HIV; and
- Integrate targeted condom distribution activities into HIV prevention activities.

A variety of effective condoms should be made available to specific social networks that include all HIV-positive persons and those at risk for HIV. Respondents must develop a process to conduct condom promotion and distribution activities at the individual level. Additionally, Respondents are required to conduct a community assessment of their proposed service area to assess condom availability. ***HAHSTA will supply male condoms for distribution.***

Suggested activities:

- Provide condoms free of charge to target populations;
- Utilize CDC and DOH designed social marketing campaigns to promote condom use;
- Work with local vendors (i.e. bars, restaurants, liquor stores, pharmacies) that serves specific social networks to ensure condoms are accessible;
- Partner with culturally appropriate venues (e.g. for-profit and non-profit organizations, clinics, and other community collaborators) to increase distribution to the target population; and,
- Identify gatekeepers in the community that promote access to specific social networks.

It is stressed that DOH expects condom distribution programming awarded through this funding opportunity to increase availability of condoms among specific social networks.

Respondents proposing to support condom distribution activities with these funds are required to provide a review of condom availability (community assessment of condom availability) and a plan to increase condom distribution in their target communities.

Resources to assist with the development of effective structural intervention to increase condom distribution can be found below:

- *Condom Distribution as a Structural Level Intervention:*
http://www.cdc.gov/hiv/resources/factsheets/condom_distribution.htm

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- *Free Condoms for DC*
<http://dchealth.dc.gov/doh/cwp/view.a,1371,q,602647.asp>

Program Required Elements and Specific Evaluation Criteria for Program Area C2

Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area C2 that will be used to evaluate the feasibility of the proposed program are listed below:

- **Program Implementation:** Demonstrates knowledge of and experience in best practices in delivering prevention interventions. On-the-ground implementation experience in delivering prevention services. Includes discussion on cultural sensitivity and diversity with specific populations, especially program approaches for stigma reduction and peer educator recruitment and training.
- **HIV Prevention Programming Performance:** Includes a detailed description of current or past activities that include structured interventions, the intervention implemented, recruitment, retention and engagement, the number of clients served through the intervention, % clients linked to services, and lessons learned from program implementation. Provide specific social networks to be addressed and the target number to be reached with intervention in a 12-month grant period.
- **Target Population:** Demonstrates knowledge of and experience in best practices in programs targeting the specific social network. Include past performance data such as numbers of the population served in the past 12 months (or the most recent 12 months for which data is available). Please provide specific numbers of clients to be reached in the proposed 12 month grant period.
- **Aftercare:** Demonstrated integrated or linkages to HIV and STD services, including counseling, testing and referral, STD diagnosis and treatment, HIV care and treatment, mental health, and other support services. MOU's must be submitted in conjunction with detailed descriptions of effective linkages, detail how each organization will work together and services offered by each.
- **Work Plan:** Demonstrates ability to provide training and technical assistance to build capacity for delivering effective interventions; also, quality assurance program for appropriate performance of prevention activities. Work plan details an approach that addresses the HIV co-factors that contribute to the social networks decision-making and perception of risk behaviors to modify health behavior and avoid certain health choices or actions.

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- Describes a detailed plan for collecting and submitting client level data for all activities related to HIV prevention programming; such as client retention/completion rates. Details the ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables.

PROGRAM AREA C3: Prevention for High-Risk Negatives or People of Unknown HIV Status

Total Available- \$100,000, up to 1 award

Eligible Applicants:

For Program Activity Area C3, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with specific access to, experience reaching, or service provision for High-Risk HIV Negative or Unknown HIV Status described below or otherwise described by the applicant.

Description:

This area is intended to support core, behavioral prevention interventions with linkages to a package of services that reduce risk, increase risk awareness and support healthy life choices. The applicant will identify an HIV prevention program that provides effective behavioral interventions to high-risk HIV negatives and those of unknown HIV status to reduce risk of infection, transmission and increases successful utilization of HIV screening, care and treatment services.

In order to maximize District-level reductions in new infections, the final portfolio of prevention activities must not only address one facet of risk behavior, but must also deliver a combination of a variety of service that address breadth and depth. To achieve meaningful breadth, we are encouraging substantial attention to providing a package of services that are designed to reach large numbers of at-risk persons over time and to foster community and group action for HIV prevention. To achieve depth, we maintain that the role of behavioral interventions is critical to supporting substantial and enduring safer behaviors among most-at-risk persons.

Specific target populations for Program Area C3 are high-risk negatives or people of unknown HIV status that are: Black heterosexual men and women (including couples); injecting drug users (IDU); Black, white and Latino men who have sex with men (MSM), youth (13-24), older adults (50 and over). Proposals for interventions targeting additional populations and access groups, such as transgendered persons, sex workers, Latino heterosexual men and women, and mixed groups will also be accepted.



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Heterosexuals

Organizations serving this population may select one of the evidence-based interventions listed below.

Name of Intervention	Type of Intervention	Population Served
Nia	GLI	Heterosexual men 18 and older
PROMISE	Community Level (CLI)	Men or women and their sex partners
Real AIDS Prevention Project (RAPP)	CLI	Women and their sex partners
SHIELD (Self-Help in Eliminating Life-threatening Diseases)	GLI	Current and former drug users
SIHLE (Sisters Informing Healing Living and Empowering)	GLI	Young women (14-18)
SISTA	GLI	African American women
Condom Distribution	ILI	ALL

Sex Workers

Name of Intervention	Type of Intervention	Population Served
PROMISE	CLI	All
Safety Counts	GLI	Black heterosexual females, transgender women and MSM
Condom Distribution	ILI	ALL

Injecting Drug Users

Name of Intervention	Type of Intervention	Population Served
Safety Counts	GLI	IDUs and crack users
Self-Help in Eliminating Life-threatening Diseases (SHIELD)	GLI	Current and former drug users
Condom Distribution	ILI	ALL

Men Who Have Sex With Men

Name of Intervention	Type of Intervention	Population Served
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Many Men, Many Voices	GLI	Black MSM
Mpowerment	CLI	White, Hispanic/Latino MSM
Popular Opinion Leader	CLI	White MSM
PROMISE	CLI	Black, Latino or white MSM
Condom Distribution	ILI	ALL

Please visit the website below for additional descriptions of the interventions:

- Effective Behavioral Interventions

<http://www.effectiveinterventions.org>

Program Required Elements and Specific Evaluation Criteria for Program Area C3

Listed below are the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area C3 that will be used to evaluate the feasibility of the proposed program are listed below:

- Comprehensive HIV Prevention Programming: Describes a continuum of services that effectively addresses ALL elements highlighted in the Program Activity Description for Area C3, specifically: Effective Behavioral Interventions, Linkages, Recruitment/Retention, Monitoring and Evaluation and Collaboration.
- HIV Prevention Programming Performance: if current or past activities include effective interventions, describe the intervention implemented, recruitment, retention and engagement, the number of clients served through the intervention, the number of clients successfully completing a session series, % clients linked to services, and lessons learned from program implementation;
- EBI/DEBI Implementation: Demonstrates ability to select and implement core intervention (s) (EBI/DEBI) including effective and innovative recruitment, capacity building and appropriate linkages for HIV positive individuals into care and treatment.
- Aftercare: Demonstrates ability to provide or link clients to HIV and STD services, including counseling, testing and referral, STD diagnosis and treatment, HIV care and treatment, mental health, and other support services.
- Incentives, if applicable: Describes a clear plan to utilize incentives in a manner that increases the likelihood of individuals being engaged and retained in multiple session interventions.

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- **Innovative Prevention Programming:** If applicable, describe how you plan to incorporate innovative interventions into your HIV prevention program. Examples include, needle exchange, social network recruitment, couples HIV counseling and testing and home-grown interventions.
- **Target Population:** Demonstrates the competency and experience to engage the target population through the provision of HIV and non-HIV services that will enhance their ability to reach the target population. Plan provides specific number of clients to be reached in the proposed 12 month grant period.
- **Other services:** Describe any services **OTHER THAN CORE PREVENTION ACTIVITIES** that are being offered by your organization, and describe how those services will enhance your ability to reach the target population or enhance prevention programming.
- **Linkages for Positives:** Describe established pathways into care through a formalized network of providers and describes a clear protocol for assessing clients' needs for additional services.
- **Monitoring and Evaluation:** Describes a detailed plan for collecting and submitting client level data for all activities related to HIV prevention programming; such as client retention/completion rates. Details the ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables.

APPLICATION ELEMENTS

Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

- I. HAHSTA Assurance Packet**
- II. Executive Summary (Required Template)**
- III. Background, Need, and Impact Description (up to 7 pages)**
- IV. Organizational Capacity Description (up to 10 pages)**
- V. Partnership, Linkages and Referrals Description (up to 5 pages)**
- VI. Program Activity Plan (one for each activity—up to 15 pages for each activity)**
 - i. Program Activity Narrative, including evaluation plan

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- ii. Work Plan (Required Template)
- iii Budget (Required Template)

VII. Attachments

APPLICATION SUBMISSION PROCEDURES

1. Pre-application Conference

A Pre-Application Conference will be held on Thursday, January 3, 2013 from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific issues and concerns about the RFA.

The conference will be held in the 4thFloor Conference Room at the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 899 North Capitol Street, NE, 4th Floor.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Stacey.Cooper@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization

Key Contact

Mailing Address

Telephone and Fax Number

E-mail Address

This information shall be used to provide updates and/or addenda to the # **HAHSTA RFA# CTS122112** CDC Funded Prevention Programs

3. Letter of Intent (LOI)

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A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:30 p.m. on January 3, 2013. The letter of intent should be faxed to Stacey L. Cooper at (202) 671-4860.

4. *Assurances*

Check Assurances, complete and submit Assurance packet, confirm with HAHSTA Assurance Review Team that the packet is complete and sufficient.

We recommend that assurance packet is submitted to April Richardson by January 17, 2013 at 3:00 p.m. and that applicants CONFIRM assurance packet has been judged complete PRIOR TO the close date of this RFA. Applications with incomplete assurance packets after the close of the RFA will not be reviewed. April Richardson may be reached at (202) 671-4900 and April.Richardson@dc.gov.

5. Prepare application according to the following format:

- a. Font size: 12-point un-reduced
 - b. Spacing: Double-spaced
 - c. Paper size: 8.5 by 11 inches
 - d. Page margin size: 1 inch
 - e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
 - f. Printing: Only on one side of page
 - g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
6. Submit one original hardcopy, and five (5) copies of your application to HAHSTA by 4:30 pm on January 22, 2013. Applications delivered after that deadline will not be reviewed or considered for funding. Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

Applications must be delivered to:

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration

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4thFloor Conference Room
899 North Capitol Street, NE
Washington DC 20002

Each copy must have the following separate components of your application:

- I. Executive Summary
- II. Applicant Profile
- III. Background, Need and Impact Description
- IV. Organizational Capacity Description
- V. Partnership, Linkages and Referral Description
- VI. Program Activity Plan (one for each activity)
 - a. Program Activity Narrative, including evaluation plan
 - b. Work Plan (Required Template)
 - c. Budget (Required Template)
7. Attachments

One original hard copy (stamped original) and five (5) copies must each be submitted in separate envelopes. Each of the envelopes must have attached a copy of the Application Receipt (Attachment C).

APPLICATION EVALUATION CRITERIA

Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing required from each organization]

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Executive Summary (Required Template)

Required, not scored.

Template includes Summary Budget

Background, Need, and Impact Description

10 points

The extent to which the applicant:

- a. demonstrates a clear understanding of the need for a holistic care delivery model related to HIV diagnosis, care and treatment;
- b. includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;
- c. demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;
- d. describes how the proposed programming enhance or complement existing or planned activities of the applicant's organization.

Organizational Capacity Description

15 points

- a. Demonstrated experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. (Please present any relevant performance results from prior or related activities.)
- c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. If applicable, describes management of sub-contractual agreements with providers. (Please describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors.)

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- Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.
- d. Overall monitoring & evaluation system and expertise— please describe: current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to enhance and or improve current electronic medical record system, capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.
 - e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.
 - f. Effi Barry Program Participation (+2 points): Year-1 and Year 2 Effi Barry Program participants who have: attended 80% or more of required trainings/workshops; completed the signing of NOGAs for current year grant funds; completed the assigned program improvement plan. Please briefly describe how the Effi Barry Program has impacted your ability to provide HIV services.
 - g. Note: Organizations should only apply for the program services areas they can effectively support and implement during the upcoming year. That is, if an organization applies for multiple program activities, the organizational capacity evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application. However, only one application per organization with multiple program areas will be accepted. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

Partnership, Linkages, and Referrals Description

25 points

As stated in the Overview to this RFA, we recognize the complexity of individuals' lives and the need to mobilize a variety of existing services to meet critical needs. We **DO NOT** encourage organizations to try to 'do it all' themselves. Organizations that are most successful are often those that have well-defined missions and implement programs within their comparative

2013 Comprehensive Treatment Support

advantage, extending or changing their mission strategically and consciously over time.

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. In this section, we are NOT looking for general information on referrals to each and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve, and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.

Specifically, describe your plans for a linkage network to ensure that clients identified through your program have access to comprehensive services, including additional prevention services as well as primary care and essential support services (substance abuse treatment, mental health services, housing, etc.) that will maintain HIV-positive individuals in systems of care and potentially provide relevant services to most-at-risk HIV-negative individuals.

- Provide copies of sub-contracts and agreements with providers and other agencies where your clients may be referred. Funded organizations must develop sub-contracts with core collaborating agencies that will support comprehensive treatment support activities.
- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals. Describe mechanisms in place to track patients and conduct re-engagement activities.

Specific areas of comment should include:

- How will you promote and enhance access to medical homes?
- How will you ensure linkages of high risk negatives to prevention services?

Program Activity Plan

50 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having prevention impact on the target population(s). Targeted population(s) must be clearly identified for each activity. Approach includes overcoming barriers to reaching participants effectively over time, and including a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. ***Plan should explicitly include organizational and/or client level targets.***

Each Program Activities Details section highlights specific required elements that should be

2013 Comprehensive Treatment Support

included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

- a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D)
- c. Budget(Required Template Attachment E)—not scored

Supplemental Description:

The following questions translate some of the key program elements and approaches to how they may be evaluated in this proposal, and should be used to assist your preparation of the program plan.

For each Program Area you are proposing:

Full Range Clinical Providers

- How do Comprehensive Treatment Support activities lead to viral suppression?
- What impact does offering HIV testing and linkage to care have on retention?
- How will you collect and report process and monitoring data for this program model?
- What is/are your recruitment, retention and re-engagement strategies? How will you involve your staff in conducting follow-up activities? List and describe how incentives will be used throughout your program.
- What qualifications will you require of staff providing comprehensive treatment support activities?
- What type of capacity building support, if any, will you require to implement services?

Clinical Care Providers

- How will you provide primary medical care, HIV specialty care, case management, mental health treatment support, and substance abuse treatment support to HIV positive individuals?

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- How will you develop working relationships with community based providers to exchange data, build infrastructure and to support retention and re-engagement activities?
- What thresholds will be used to determine patient follow-up is needed?
- What type of support will you offer your staff and the sub-contracted provider to ensure HIV testing, retention, and re-engagement activities occur?

Community Based Organizations

- How will you ensure that newly diagnosed positive individuals will be linked to care?
- How do you determine the intervention that works best with your target population?
- How will you determine that additional follow-up and/or complementary services are provide for high-risk negatives?
- What type(s) of innovative programming will you integrate into existing services?
- What type(s) of recruitment strategies will you utilize to identify high-risk negatives in need of services?

Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. It would be helpful for applicants to review the criteria as that will provide guidance on what constitutes a successful application.

Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the applications evaluation by external reviewers.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final funding determinations. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

In addition to your application's comprehensive objective review, the following factors

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may affect the funding decision:

Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the District. Specifically:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by HIV or AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.
- Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

Award amounts are dependent upon receipt of funds obtained through the District's Appropriations as authorized by Centers for Disease Control and Prevention.

POSTAWARD ACTIVITIES

Successful applicants will receive a Notice of Grant Award (NOGA) from the DOH/HAHSTA Grants Management Office. The NOGA shall be the first binding, authorizing document between you and DOH/HAHSTA. The NOGA will be signed by an authorized grants management officer and mailed to the fiscal officer or executive director identified in the application. Next, you will be required to meet DOH/HAHSTA staff and submit final Table A's (summary of grant deliverables) and budget and justification revisions, AND sign a grant agreement between your organization and the DOH/HAHSTA.

Grantees must submit monthly data reports and quarterly progress and outcome reports using

2013 Comprehensive Treatment Support

the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Year 2 is dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

ASSURANCES

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

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HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-bidders conference. Current sub-grantees who do not attend the pre-bidders conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information.

The envelope with the assurances must have attached a copy of the Assurance Checklist Attachment F.

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before January 10, 2013. **Questions submitted after the deadline date will not receive responses.** Please allow ample time for questions to be received prior to the deadline date.

Contact Person: Stacey L. Cooper, MSW
Deputy Bureau Chief, Prevention
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington DC 20002
E-Mail: Stacey.Cooper@dc.gov
Phone: 202.671.4900
Fax: 202.671.4860

Direct Budget Questions to Serge Hyacinth: Serge.Hyacinth@dc.gov

DEFINITIONS

AIDS – Acquired Immune Deficiency Syndrome

Appendix – Additional information and/or forms that are available in the back of this document.

Applicant – A person or entity that submits a response to a request for application (RFA). For purposes of this document, “applicant” is intended to include such phrases as, “respondent”, or other similar terminology employed by DOH/HAHSTA to describe the person or entity that responds to a solicitation for funds.

Budget – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of services. Types of budget may include categorical (line item), or fee for service. The Budget Section is required.

Budget Period – The duration of the budget (stated in the number of months the sub-grant will reflect from begin date to end date of the sub-grant period). Each renewal will have its own budget period.

Community Based Organization- Community based organizations (CBO) are those organized at a local level, within a community, as close as possible to the individuals they serve.

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Confirmation of medical care – Follow up to confirm the client attended the first medical appointment.

Cost Reimbursement – A payment mechanism in which a sub-grantee is reimbursed for actual costs incurred to carry out approved activities under a Program Activity. Amounts expended in support of providing services and goods, if any, in accordance with the sub-grant terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant and sub-grants.

Deliverables – Goods or services contracted for delivery or performance.

Direct Costs – Direct costs are those that can be identified specifically with a particular final cost objective of the organization. Attachments are those costs that are attributable to carrying out the program's activities and can be directly assigned to the program relatively easily with a high degree of accuracy.

Due Date – Established deadline for submission of a document or deliverable.

Effective Date – The date the sub-grant begins.

Engagement- A process in which patients become invested in their own care.

Enhanced Linkage – Implementation of a proven linkage strategy that includes a written contractual agreement with a clinical care provider, a working with a client to establish a medical care appointment for the client; following up with the client and preparing the client for medical care and confirming that the client attended the medical appointment.

Fully Executed –A grant agreement signed by both the DC Department of Health Director or designee and the sub-grantee to form a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

General Provisions – Basic provisions that are essential in administering the sub-grant, which include assurances required by law, compliance requirements, applicable federal and state statutes and circulars, financial management standards, records and reporting requirements, funding contingency, sanctions, and terms and conditions of payment.

HIV – Human Immunodeficiency Virus

Indirect Costs – Costs incurred for a common or joint purpose benefiting more than one project or cost objective of respondent's organization and not readily identified with a particular project or cost objective. Typical examples of indirect costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

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Linkage to Medical Care – Working with a client to establish an HIV related medical care appointment; follow up with the client and prepare client for medical care; confirm that the client attended the appointment.

MSM- Men who have sex with men.

PLWH – Persons living with HIV disease.

Program Area- The particular service area available for funding.

Program Attachment – An attachment to the application that provides details for a particular program activity to be performed under the grant agreement such as services to be delivered, performance measures or deliverables, funding, and reporting requirements. There may be multiple program attachments associated with an application. A program attachment, i.e., a budget, is typically for a one-year term, with a grant cycle made up of several one-year renewals.

Project – All work to be performed as a result of a contract or solicitation.

Project Period – The anticipated duration of the entire Project stated in total number of budget periods.

Referral – Directing and coordinating clients to appropriate and available resources; may include providing resource information or helping client to establish an appointment. Referral to HIV-related medical care is the referral specifically to HIV-related medical care. Referrals may also include referrals to other supportive services, including to those engaged in linkage work.

Social Networks- an incentive-based program that targets individuals at high risk for acquiring HIV/AIDS as a result of social, sex and drug sharing practices with HIV infected individuals. Social Networks consists of four primary phases: Recruiter Enlistment, Engagement (Orientation, Interview, and Coaching), Recruitment of Network Associates, and Counseling, Testing and Referral.

Subcontractor – A written agreement between the DOH subgrantee and a third party to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. The contractor must closely monitor the subcontractor's performance. Subcontracting can be done only when expressly allowed in the program attachment.

Work Plan – A plan that describes how services will be delivered to the eligible population and includes specifics such as what types of clients will be served, who will be responsible for the work, timelines for implementation of activities, and how services will be evaluated when complete.

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Request for Applications (RFA)

2013 COMPREHENSIVE
TREATMENT SUPPORT

HAHSTA RFA# CTS122112

RFA Amendment

Released 01.16.13

APPENDICES

- **Appendix A – Summary of Amended Content**
- **Appendix B – Frequently Asked Questions**

Appendix A - RFA # CTS122112
Summary of Amended Content

Page: Cover Page

Change From:

Application Submission Deadline: January 22, 2013 at 4:30 p.m.

Change To:

Application Submission Deadline: January **31**, 2013 at 4:30 p.m.

RFA Section: TABLE OF CONTENTS

Change From:

Program Area B: Clinical Care Providers

Change To:

Program Area B: Clinical Care **Support**

Page #5, Section: Eligible Applicants, Program Area B

Change From:

Program Area B: Clinical Care Providers

Change To:

Program Area B: Clinical Care **Support**

Page #6, Section: Program Areas, Program Area B

Change From:

Program Area B: Clinical Care Providers

Change To:

Program Area B: Clinical Care **Support**

Page #7, Section: Funding Period, Paragraph: 1

Change From:

The award period for these programs is April 1, 2013 – December 31, 2013. There is an optional three-year continuation through December 31, 2014 based upon the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities.

Change To:

The award period for these programs is April 1, 2013 – December 31, 2013. There is an optional three-year continuation through **December 31, 2016** based upon the availability of funds, fiscal and programmatic grant performance and alignment with developing data and community planning priorities.

Page #11, Section: Description, Paragraph, 1

Change From:

The Jacques Initiative outlines the *Journey to Wellness* as a five step process that ensures that adequate support is offered to patients as they move throughout the continuum of care. Most people do not require that same level of support as they access care and adopt a treatment regimen that may lead to viral suppression, but it is imperative that clinical care providers offer support through each phase of treatment. Listed below are the five stages that must be incorporated into the care delivery system of Full Range Clinical Providers:

PREPARE

Prepare clients and their support systems for a lifetime of wellness in addition to preparing the community to address prevention, stigma, treatment and support. This is accomplished through:

Page #11, Section: Description, Paragraph, 1
Change To:

THE FIVE STEPS OF THE JACQUES INITIATIVE

ENGAGE

The journey to wellness begins by “meeting clients where they are” to engage them in wellness care. This is accomplished through:

- HIV testing through outreach testing and walk-in testing at the provider location
- Clinic hours that are accessible to clients by offering care five days a week for walk-ins as well as provides counseling, medical and case management services to anyone newly diagnosed, reconfirmed positive, re-establishing care.
- Providing advocates for community wellness, training volunteers for HIV testing, and empowering local organizations to be engaged in the HIV crisis management.

Page #14, Section: Title

Change From:

Program Area B: Clinical Care Providers

Change To:

Program Area B: Clinical Care **Support**

Page #14, Section: Eligible Applicants, Paragraph: 1

Change From:

For Program Activity Area B, applicants are medical community-based organizations that need to subcontract with other social service/non-medical organizations to provide comprehensive services (i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.).

These providers do not have the reach or capacity to conduct outreach and follow-up activities to re-engage clients lost to follow-up.

Change To: For Program Activity Area B, the lead organization may be a clinical care provider that needs to subcontract with other social service/non-medical organizations to provide outreach and comprehensive services (i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.) may take the lead in the sub-contractual agreement. The lead organization may be a community based organization that must subcontract with a clinical care provider to offer clinical services.

Providers meeting the definitions of either clinical provider or community-based organizations must demonstrate that it is applying as a stand-alone entity that does not have the capacity to conduct outreach and follow-up activities to re-engage clients lost to follow-up.

Page #16, Section: Description, Paragraph: 1

Change From:

The selected clinical care providers must link to a CBO that will be responsible for: (1) conducting targeted outreach to identify individuals in need of HIV testing, (2) linking newly identified individuals and those previously diagnosed and not in care to the PCMH, and (3) conduct mobile outreach and re-capture blitzes to re-engage clients not having a lab result in more than six months.

Change To:

The lead agency must link to either a clinical care provider or a CBO that will be responsible for: (1) conducting targeted outreach to identify individuals in need of HIV testing, (2) ensuring that newly identified HIV positive or those not currently in care are linked to care and treatment services, (3) coordinating mobile outreach and re-capture blitzes to re-engage clients not having a lab result in more than six months.

Page #16, Section: Description, Paragraph: 2

Change From:

For this RFA, Program Area B Applicants **MUST** demonstrate an established sub-contractual agreement with a community based organization who will ensure effective linkages for HIV positive persons.

Change To:

For this RFA, Program Area B Applicants **MUST** demonstrate an established sub-contractual agreement **with either a clinical care or community based organization that will ensure effective linkages for HIV positive persons.**

Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 1.Comprehensive Treatment Support

Change From:

Comprehensive Treatment Support: Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: Comprehensive Treatment Support, Treatment Adherence, Condom Distribution, Prevention with Positives, Engagement in Care and sub-contractual agreements with community based organizations to address HIV CTR and linkage to care if funded. Must demonstrate extensive knowledge and experience with implementing comprehensive treatment support.

Change To:

Comprehensive Treatment Support: Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: Comprehensive Treatment Support, Treatment Adherence, Condom Distribution, Prevention with Positives, Engagement in Care and sub-contractual agreements with **selected organizations** to address HIV CTR and linkage to care if funded. Must demonstrate extensive knowledge and experience with implementing comprehensive treatment support.

Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 2.HIV Testing Performance

Change From:

HIV Testing Performance: Describes current or past activities of the sub-contracted community-based organization conducted HIV testing, the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months. The degree to which the clinical care provider and community based organization will utilize HIV testing to engage new and previously positive individuals into care.

Change To:

HIV Testing Performance: Describes current or past activities of **the lead agency or partner that will be conducting the following activities:** HIV testing, the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months. **The degree to which HIV testing will be used to engage new and previously positive individuals into care.**

Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 4.Viral suppression

Change From:

Viral suppression: Applicant thoroughly describes how comprehensive treatment support and partnerships with community based organizations will lead to viral suppression among enrolled HIV positive patients. Must include the current % of viral suppression and the expected level of improvement with the addition of these funds.

Change To:

Applicant thoroughly describes how comprehensive treatment support and **the sub-contractual partnerships** will lead to viral suppression among enrolled HIV positive patients. Must include

the current % of viral suppression and the expected level of improvement with the addition of these funds.

Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 5.Partnerships

Change From:

Partnerships: Thoroughly describes the sub-contractual agreements with the selected community based organizations, rationale for selecting the community based organizations, outlines specific tasks assigned to the clinical care provider and the CBO, describes how the linkage communication loop will be closed, describes how CBO staff will be integrated into the clinical care provider's system, describe how the electronic medical records system will be utilized and include a copy or copies of executed agreements. If sub-contractual agreements have not been executed, applicant must describe plans for doing so in the first three months of funding. **Failure to implement within the first three months of funding will result in a discontinuation of funds.**

Change To:

Partnerships: Thoroughly describes the relationships with the selected organizations, rationale for selecting the organizations, outlines specific tasks assigned to each entity, describes how the linkage communication loop will be closed, describes how staff will be integrated into each provider's system, describes how the electronic medical records system will be utilized and include a copy or copies of **letters of intent or memorandums of agreement (MOA)**. If agreements have not been executed, applicant must describe plans for doing so in the first months of funding. **Failure to execute written agreements with partners prior to the issuance of a DOH Notice of Grant Award (NOGA) may result in the denial of the award by DOH.**

Page #25, Section: Eligible Applicants, Paragraph: 2

Change From:

Eligible Applicants: For Program Activity Area C2, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with demonstrated experience working among specific social networks (MSM, heterosexual, youth, injection drug users, LGBTQ, etc.).

Change To:

Eligible Applicants: For Program Activity Area C2, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with demonstrated experience working among specific social networks (MSM, **heterosexual males and females**, youth, injection drug users, LGBTQ, etc.).

Page: 44, Section: Definitions

Add: Clinical Care Support: Clinical care providers or community based organizations are eligible to apply under Program

Area B: Clinical Care Support as the lead organization. These organizations must sub-contract with other entities in order to ensure linkages to care, HIV counseling and testing, retention, engagement and re-engagement in care to ensure viral suppression.

**Appendix B - RFA # CTS122112
Frequently Asked Questions (FAQs)**

Program Area A: Full Range Clinical Providers

Q1: Can an applicant propose to implement more than one prevention with positives intervention?

A: Yes.

Program Area B: Clinical Care Support

Q1: Can a community based organization to apply to be the lead contractor and subcontract to the medical provider under Part B?

A: Yes, the lead agency may be either a CBO that does not have the capacity to provide clinical care and must sub-contract with a medical provider or a clinical care provider that must sub-contract with a CBO to expand reach for retention activities.

Q2: Is there a preference given to existing providers that are already doing this similar work?

A: No, preference will not be given to existing providers.

Program Area C- Community Based Providers

Q1: Can Latino adult men who have sex with men (MSM) and transgender populations be target populations for C2?

A: Yes. Please describe experience with reaching the target population and proposed targets.

Q2: Can applicants submit applications in multiple areas? How do you organize the application if you are applying for multiple areas?

A: Yes, please ensure that only one application is submitted per organization. Separate and label program areas in the application if you are applying for multiple areas in this grant.

Q3: Do CBOs applying for Program Area C need to complete Attachment H?

A: Yes, all applicants need to complete Attachment H.

Finance –

Q1: What is the current reimbursement rate for travel?

A: 55 cents per mile.

Q2: Is January 17th the final deadline for submitting assurances required for this application?

A: January 17th is the deadline for submitting Assurances to April Richardson to get a status prior to the application due date. Assurance packages must be submitted with the application unless a receipt has been provided by Ms. Richardson. Incomplete Assurance packages submitted on the application due date will render the application non-compliant and will not be forwarded for review. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

Q3a: How long are Assurances current?

A3a: Assurances must be dated **after January 25, 2012** to be considered current for this RFA. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

Q3b: For checking assurances by January 17, can assurances be emailed or do they need to be brought to HAHSTA?

A3b: Assurances must be brought to HAHSTA at 899 North Capitol Street, NE 4th Floor. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

Q4: How do you submit the budget since the first year will be prorated and the award period will be April-December 2013?

A: Submit a 12 month budget. HAHSTA will prorate the first year.

General Questions

Q1: What is the deadline submission of the application?

A: **Thursday, January 31, 2013 at 4:30 p.m.** There are no exceptions. This is a change to the previous date.

Q2: Are there any restrictions on how the funding is used in terms of hiring staff?

A: No. Make sure the staff meets all requirements: background, education and criminal records check, where applicable.

Q3: Can Maryland and Virginia based companies apply for the grant? What are the restrictions or acceptable protocols?

A: Yes. Funds are to be used to serve District residents exclusively.

Q4: If you have 2 finalists but one of the entities is incorporated in Maryland and the other in the District would the one in the District receive a favor first?

A: Various criteria are considered in the selection process. Please refer to pages 39 and 40 for additional information.

Q5: Will the budget templates be provided via excel or word version? We were not able to access them on the site provided.

A: Yes, the budget template will be attached to the amended RFA.

This section intentionally left blank.

Attachments

List of Attachments

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F: Federal Assurance

Attachment F1: Department of Health Certifications

Attachment F2: Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

Attachment A: Letter of Intent

Letter of Intent to apply for **HAHSTA RFA# CTS122112** from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by January 3, 2013.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **HAHSTA RFA# CTS122112**.

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____ Ward _____

Contact Name _____

E-mail _____

Phone: _____ Ext: _____ Fax: _____

Category Applying Under

(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)

____ Program Area A: Full Range Clinical Providers

____ Program Area B: Clinical Care Providers

____ Program Area C: Community Based Providers

	C1: Targeted HIV Testing and Linkage to Medical Care
	C1a: Social Network Screening for MSM Populations
	C2: Condom Distribution among Target Populations
	C3: Prevention for High-Risk Negatives or People of Unknown HIV Status



ATTACHMENT B - Applicant Profile

Applicant Name:

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact

Person: _____

Office

Address: _____

Telephone: _____

E-Mail Address:

Program Description:

DUNS#

Program Area:

BUDGET

Total Funds Requested: \$ _____

ATTACHMENT C: Applicant Receipt

District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
899 North Capitol Street, NE
Washington, DC 20002

HAHSTA RFA# CTS122112

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
HAHSTA PREVENTION AND INTERVENTION SERVICES IS IN RECEIPT OF:**

(Contact Name/Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone) (Fax) (E-mail Address)

(Program Title- If applicable) \$ _____
(Amount Requested)

Program Area for which funds are requested in the attached application:

(Check Just one per Application)

____ Program Area A: Full Range Clinical Providers

____ Program Area B: Clinical Care Providers

____ Program Area C: Community Based Providers

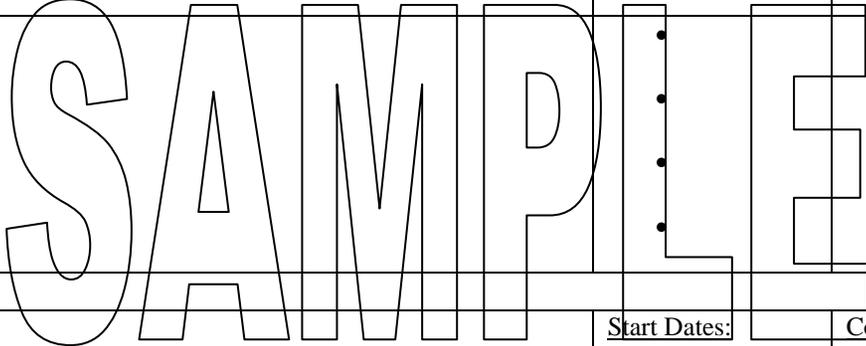
	C1: Targeted HIV Testing and Linkage to Medical Care
	C1a: Social Network Screening for MSM Populations
	C2: Condom Distribution among Target Populations
	C3: Prevention for High-Risk Negatives or People of Unknown HIV Status
[District of Columbia, Department of Health USE ONLY]	
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES	
RECEIVED ON THIS DATE: _____/_____/ 2013	
TIME RECEIVED: _____	
RECEIVED BY: _____	

Agency:	Program Period:
Grant #:	Submission Date:
Target Population /Service:	Submitted by:
<i>Total Budget \$</i>	Telephone #

GOAL 1:

Measurable Objectives/Activities:

Process Objective #1:*[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]*

<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
			

Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
•			
•			

Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
•			
•			

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.

Attachment E: Budget Format

Name of Organization Funding Source Service Area

[Categorical Budget Format Provider.xls](#) (Link to Categorical Budget Format)

Personnel Schedule

Position Title	Site	Option No. 1		Option No. 2		Monthly Salary or Wage	No. of Mo.	Budget Amount	Benefits Ratio %	Benefits Amount	TOTAL Budgeted
		Annual Salary	FTE	Hourly Wage	Hours per Month						
TOTAL											

SAMPLES

Consultant/Contractual

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Attachment E: Budget Format

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					-
Utilities (Gas/Electric/Water)					-
TOTAL					-

Travel / Transportation Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Attachment E: Budget Format

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Attachment E: Budget Format

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Attachment F: Federal Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Assurances

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
 - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)

- e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

As the duly authorized representative of the Grantee/organization, I hereby certify that the Grantee will comply with the above assurances.

Grantee Name:

IRS/Vendor ID:

Address:

Authorized Representative:

(Print Name & Title)

Signature:

Date: _____

Attachment F1: Department of Health Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health



Certifications Regarding

Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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 making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The Grantee certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application 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 for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace 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 on-going drug-free awareness program to inform employee's 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.
 - (5) 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).
 - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
 - (7) Abide by the terms of the statement; and
 - (8) 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.
 - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
 - (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by

Federal, State, or local health, law enforcement, or other appropriate agency.

(c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).

(11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

(12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

(13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the Grantee/organization, I hereby certify that the Grantee will comply with the above certifications.

Grantee Name: _____ IRS/Vendor ID: _____

Grantee Address: _____

Authorized Representative: _____ (Print Name & Title)

Signature: _____ Date: _____

Attachment F2: Statement of Certification

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Department of Health Statement of Certification

- A. The Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. That the Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

- J. That the Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Grantee has a satisfactory record of integrity and business ethics;
- L. That the Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above certifications.

Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date

Attachment G: Application Checklist

- The applicant organization/entity has responded to all sections of the Request for Application.
- The applicant describes programs that are only for District residents in District venues.** These funds shall not be used for non-DC residents.
- The applicant has submitted only one application per organization with multiple program activity plans, if applicable. Multiple applications from a single entity will be deemed ineligible and will not be reviewed.**
- The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
- The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application is unbound and submitted with rubber bands or binder clips only.
- One hard copy marked “original” with all attachments is in an individually sealed envelope and five (5) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.**
- The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of January 22, 2013.
- The project narrative section is complete and is within the page limit for this section of the RFA submission.
- The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- The assurance packages are submitted marked “original.”
- The appropriate appendices, including sub-contractual agreements, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
1. Primary HIV Care (PLWHA)			
2. Medical Case Management (PLWHA)			
3. Case Management (non-Medical) (PLWHA)			
4. Substance Abuse Services			
5. Mental Health Services			
6. Nutritional Services/Food Bank			
7. Emergency Financial Assistance			
8. Housing Services			
9. Prevention for PLWHA			
10. Support Groups			
11. Individual-Level Prevention, For persons who are HIV Negative/Unknown			

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown			
13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown			
14. HIV Counseling, Testing, Referral			
15. STD Diagnosis and Treatment			
16. IDU risk reduction including Needle Exchange			
17. Condom distribution/Recruitment of Condom Distribution sites			
18. Childcare or Respite Services			
19. Transportation Services			
20. Outreach Services			
21. Legal Services			

