

ENDING THE HIV EPIDEMIC PARTNERSHIP REQUEST FOR PROPOSAL

Cobb & Douglas Public Health (CDPH) is accepting proposals from qualified applicants to provide HIV prevention services in Cobb County on behalf of the CDPH HIV Prevention Program. The services being sought are an element of CDPH’s Ending the HIV Epidemic (EHE) plan to increase awareness of HIV status, reduce the number of new HIV transmissions, and improve access to and use of quality, culturally appropriate, person-centered services for Hispanic individuals at risk for and living with HIV. Available funds are from a grant by the Centers for Disease Control and Prevention (CDC) administered through the Georgia Department of Public Health (DPH).

Through the issuance of this Request for Proposal (“RFP” and/or “Proposals”), CDPH is soliciting proposals from qualified applicants for coordinated outreach and HIV testing among populations and sub-populations with the highest incidence of HIV for the purpose of diagnosing persons with HIV yet unaware of their status; linkage to HIV care for persons newly diagnosed with HIV; HIV prevention, including linkage and retention to biomedical interventions for persons documented to be HIV negative but reporting behaviors that place them at increased risk for seroconversion; and HIV prevention systems integration in healthcare settings.

Email your completed documents to Valerie.Prince@dph.ga.gov. Please include “EHE Partnerships Proposal” in the subject line. Proposals will be received until 5:00 p.m. EST, Friday, December 31, 2021. Proposals received after this date and time will not be accepted.

OBJECTIVES

The following are objectives of this project:

- Increase knowledge of HIV status among persons at risk for HIV
- Reduce new HIV infections among persons at increased risk for HIV infection
- Increase access to care for persons living with diagnosed HIV infection
- Improve health outcomes for persons living with diagnosed HIV infection, including achieving viral suppression
- Increase access and adherence to HIV pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for persons at increased risk for HIV infection
- Increase access to and use of condoms
- Reduce HIV-related health disparities
- Increase participation in HIV partner services among persons newly diagnosed with HIV
- Increase health system capacity to provide opt-out HIV testing and PrEP referrals

ELIGIBLE APPLICANTS

Organizations must meet the following requirements to be eligible to apply for funding under this RFP:

- Must be a non-profit public or private organization with 501(c)(3) IRS status and provide a copy of the organization’s tax exempt 501(c)(3) IRS letter as documentation of the nonprofit status

- Organizations that do not have 501(c)(3) status may apply for funds in partnership with an organization that has a 501(c)(3) serving as a fiduciary agent. An executed memorandum of understanding (MOU) or memorandum of agreement (MOA) detailing the connection between the applicant and their fiduciary agent must be included with the Proposal.
- Organizations with service delivery sites located in at least one of the following EHE jurisdictions: Cobb, DeKalb, Fulton, or Gwinnett counties
- Universities, colleges, and other institutions of higher education
- Organizations that seek to promote equity for focus populations

ANTICIPATED FUNDING

Approximately \$40,000 will be made available for this RFP. The chart below outlines the approximate funds available under this funding announcement.

Anticipated Funding Amount by Service Component			
Component/Service	Sub-Component Priority Populations	Total Amount of Funding Available	Anticipated Number of Awards
Category A: Non-Clinical community-based HIV testing, diagnosis, and linkage to care of persons previously unaware of their (+) HIV status	<ul style="list-style-type: none"> - Cisgender Hispanic MSM - Cisgender Hispanic Men - Cisgender Hispanic Women - Hispanic Transgender Persons (both Female to Male and Male to Female) - Hispanic PWID - Hispanic Youth (13-24 years) 	<p>Minimum \$20,000</p> <p>Maximum \$40,000</p>	1–2
Category B: Clinical-based HIV testing, diagnosis, and linkage to care of persons previously unaware of their (+) HIV status	<ul style="list-style-type: none"> - Cisgender MSM - Cisgender Hispanic Men - Cisgender Hispanic Women - Hispanic Transgender Persons (both Female to Male and Male to Female) - Hispanic PWID - Hispanic Youth (13-24 years) 	<p>Minimum \$20,000</p> <p>Maximum \$40,000</p>	1–2

Special Notes:

- The actual number of awards and amount of funding available will depend on the amount of funding awarded to CDPH and on the quality of applications received.
- Agencies may apply for multiple sub-component priority populations, but a separate work plan and budget must be submitted for each.
- All staff providing HIV testing services under this project must successfully complete HIV Testing and Counseling training facilitated by CPDH or DPH.
- Continuation funding for option year(s) is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of best practices or other locally relevant evidence.
- The applicant must have a current Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver and Quality Assurance Plan on file for rapid HIV testing, if applicable. If none, the applicant must detail timeline for obtaining such.

INITIATIVES MAY ALSO INCLUDE:

- Health education by social media/marketing campaigns;
- Clinical-based intervention to increase access for underserved populations;
- Projects addressing socioeconomic factors closely related to Community Health Improvement Plan (CHIP) goal areas (ex. Health Policy, Evidence-based interventions); and
- Programs/policy development aimed at promoting health equity, decreasing health disparities, and addressing social determinants of health.

KEY DELIVERABLES:

Expected Outputs	
<p>Category A: Community-based HIV testing, diagnosis, and linkage to care of persons vulnerable to HIV infection and/or persons newly diagnosed with HIV</p>	<ul style="list-style-type: none"> • Provide focused, non-clinical HIV testing among individuals with increased risk and/or in areas of high prevalence as identified by the CDPH/DPH Surveillance units. • Ensure all clients who are identified as HIV- infected are linked to HIV care as well as partner services (PS); sexually transmitted infections (STI), hepatitis, and tuberculosis (TB) screening; and other support services. Documentation of linkage must be provided for each confirmed client living with HIV. Refer to Statewide Linkage Protocol for guidelines and expectations. • Provide HIV prevention services for all individuals at high-risk who test negative for HIV. At minimum, prevention services must include screening for PrEP eligibility and distribution of condoms/safer sex materials. Documentation of PrEP screening must be provided for each high-risk client who tests negative for HIV. • Report all HIV (+) test results to CDPH to re-engage client using anti-retroviral treatment and access to services (ARTAS), general linkage, and data-to-care strategies. • Participate in the CDPH condom distribution program targeting individuals living with HIV and persons at high risk for HIV and other STIs. • Provide CDC-approved evidence-based interventions for individuals living with HIV/AIDS. Information about approved interventions may be found at https://effectiveinterventions.cdc.gov • Contractors must attain an annual 1% positivity rate.

<p>Category B: Clinical-based HIV testing, diagnosis, and linkage to care of persons vulnerable to HIV infection and/or persons newly diagnosed with HIV</p>	<ul style="list-style-type: none"> • Implement clinical, opt-out confidential HIV rapid testing services. Ensure that all clients who receive preliminary positive HIV test results also receive a confirmatory test result. • Ensure all clients who are identified as HIV infected be linked to HIV care as well as partner services (PS); STI, hepatitis, and TB screening; and other support services. Documentation of linkage must be provided for each client with confirmed HIV-positive status. Refer to Statewide Linkage Protocol for guidelines and expectations. • Provide HIV prevention services for all individuals at high-risk who test negative for HIV. At minimum, prevention services must include screening for PrEP eligibility and distribution of condoms/safer sex materials. Documentation of PrEP screening must be provided for each client at high-risk who tests negative for HIV. • Report all HIV (+) test results to CDPH to re-engage client using ARTAS, general linkage, and data-to-care strategies. • Participate in the CDPH condom distribution program targeting individuals living with HIV and persons at high risk for HIV and other STIs. • Provide CDC-approved evidence-based interventions for individuals living with HIV/AIDS. Information about approved interventions may be found at https://effectiveinterventions.cdc.gov/ • Contractors must attain an annual 1% positivity rate.
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Special Note:

Funding for a particular priority population does not exclusively restrict testing to that population. However, it does mean that a minimum of 75% of persons tested will be within your chosen priority population(s).

PROPOSAL FORMAT AND CONTENT

The proposal should include the appropriate and requested information in sufficient detail to demonstrate the applicant's knowledge, skills, and abilities to provide the requested services. Eligible proposals that are complete will be evaluated for merit and expertise by CDPH in accordance with the review criteria stated below.

Cover Letter (1 page)

The Cover Letter must:

1. Include the legal name of the entity responding to this proposal;
2. Identify the business type (i.e., Joint Venture, Partnership, etc.);
3. Detail component and applicable sub-component priority populations;
4. Include a brief statement of approach to the work, understanding of the project's goals and objectives and demonstrated understanding of the project's potential problems and concerns;
5. Include the name, address, telephone number and email address of one (1) individual to whom all future correspondence and/or communications will be directed.

Table of Contents- Identify material contained in the proposal by section and page number.

Proposal Application

The Proposal Application must:

1. Provide a brief summary of your organization's history, mission, and goals;
2. Describe the focus population served by the proposed initiative and the extent to which the organization's staff mirrors those populations;
3. Describe the organization's ability to be culturally responsive in the provision of the services for which funding is requested, including relevant experience and expertise of key management and front-line staff;
4. Contain SMART objectives (**S**pecific; **M**easurable; **A**chievable; **R**ealistic; **T**ime-Phased);
5. Include a project narrative;
6. Describe data collection capabilities.

Project Organization (1 page)- Describe the proposed management structure, program monitoring procedures, and organization of the engagement team. Provide a curriculum vitae or resume for each existing key personnel who will be affiliated with this project.

Retention of Working Papers- All working papers are the property of CDPH and must be retained, at the contractor's expense, for a minimum of five (5) years, unless notified in writing by CDPH of the need to extend the retention period. The contractor will be required to make working papers available upon request by CDPH. Include a statement acknowledging that you will retain the working papers and related reports for a minimum of five (5) years.

Budgetary Guidelines/Budget Justification- Utilizing Attachment A (Budget Template), the applicant should ensure the itemized budget and justification is reasonable and consistent with

the stated objectives and planned program activities. All costs should be fully explained, and all activities proposed should be funded or noted in the budget justification how the applicant will conduct the activity if not paid for through project funds (e.g., in-kind).

1. Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
2. Contract funds generally may not be used for the purchase of furniture or equipment. Any such proposed spending must be identified and justified in the budget.
3. Awardees may not use funds for construction, research, clinical care, or the purchase of medications (including antiretroviral therapy, PrEP, treatment vaccinations, or other medications) or to purchase sterile needles or syringes for drug injection.
4. Awardees may not use funds to incentivize persons getting tested. Funds may be used to enable or incentivize linkage and retention to PrEP or Treatment as Prevention (TasP) for HIV. Funds may be used for enabling access to HIV testing (e.g., transportation voucher).
5. Allowable costs are limited to:
 - a. Personnel
 - b. Fringe Benefits
 - c. Social Media and Marketing
 - d. Travel (local only- Cobb County)
 - e. Supplies
 - f. Indirect costs at a rate up to 10% (Rent and utilities are considered administrative costs and are subject up to the 10% cap for indirect costs).
6. Awardees will not be reimbursed for pre-award costs.
7. Other than for normal and recognized executive-legislative relationships, no funds may be used for publicity or propaganda purposes, for the preparation, distribution or use of any material designed to support or defeat the enactment of legislation before an legislative body; the salary or expenses of any grant or contract recipient or agent acting for such recipient related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body.
8. Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described in CFR 200 which include, but are not limited to, the following:
 - a. Records that identify adequately the source and application of funds for federally funded activities.
 - b. Effective control over, and accountability for, all funds, property, and other assets.
 - c. Comparison of expenditures with budget amounts for each federal award.
 - d. Written procedures to implement payment requirements.
 - e. Written procedures for determining cost allowability.
 - f. Written procedures for financial reporting and monitoring.

E-Verify Affidavit- Utilizing Attachment B (E-Verify Affidavit), the applicant should furnish a notarized affidavit verifying that they use a federal work authorization program such as E-Verify. The applicant must include their 4 to 6-digit E-Verify number on the affidavit. This number is not the same as the Federal Employer Identification Number. Additional information can be found on the Department of Homeland Security’s website: <http://www.dhs.gov/e-verify>. CDPH cannot consider any bid/proposal which does not include a completed affidavit.

Conflict of Interest- The applicant should provide an affirmative statement that it is independent of CDPH. Address possible conflicts of interest with other clients affected by actions performed by the contractor on behalf of CDPH. CDPH reserves the right to consider the nature and extent of such work in evaluating the proposal.

Additional Documents- Provide additional documents that may assist in the evaluation of the proposal. Such documents include:

1. Policies regarding consumer confidentiality and security of data
2. MOUs with medical providers for rapid linkage to care
3. MOUs with PrEP/nPEP providers for rapid linkage to care

TERM OF CONTRACT

The period of this Agreement shall consist of a series of Terms as defined below. CDPH is obligated only to pay such compensation under this Agreement as may lawfully be made from funds budgeted and appropriated for that purpose.

1. **Commencement Term-** The “Commencement Term” of this Agreement shall begin on the date of execution of the Agreement in the year 2021, the starting date, and shall end absolutely and without further obligation on the part of the CDPH on the 31st day of July 2022. The Commencement Term shall be subject to events of termination and CDPH’s termination rights that are described elsewhere in this Agreement.
2. **Renewal Terms-** Unless the terms of this Agreement are fulfilled with no further obligation of the part of either party on or before the final date of the Commencement Term as stated above, or unless an event of termination as defined within this Agreement occurs during the Commencement Term, this Agreement may be renewed at the written option of CDPH for three (3) one- year (“Renewal Terms”). If approved, the first Renewal Term shall begin on the 1st day of August 2022 and shall end no later than the 31st day of July 2023. If approved by CDPH, the second Renewal Term shall begin on the 1st day of August 2023 and shall end no later than the 31st day of July 2024. If approved by CDPH, the third Renewal Term shall begin on the 1st day of August 2024 and shall end no later than the 31st day of July 2025. If CDPH chooses not to exercise any Renewal Terms as provided in this Section, then the Term of this Agreement then in effect shall also be deemed the “Ending Term” with no further obligation on the party of either party.
3. **Term Subject to Events of Termination-** All “Terms” as defined within this Section are

subject to the section of this Agreement which pertain to events of termination and CDPH's rights upon termination.

4. **Same Terms-** Unless mutually agreed upon in writing by the parties, or otherwise indicated herein, all provisions and conditions of any Renewal Term shall be the same as those contained within in this Agreement.

CRITERIA FOR SELECTION AND EVALUATION

A selection committee will be comprised of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, health program planning and evaluation, and social services planning and implementation. The committee will review, score, and rank the proposals based on pre-established criteria. During the evaluation, validation, and selection process, CDPH may desire the presence of an applicant's representative for answering specific questions, orally and/or in writing. CDPH will not be liable for contractor's costs incurred for preparation or presentation in this regard.

As a part of the proposal review process, CDPH will schedule a pre-decisional site visit with the applicant to further discuss the proposal and ask clarifying questions. Site visits may be conducted virtually to comply with COVID-19 mitigation efforts, or in person when possible to do so safely. The scoring criteria for the written proposal and the site visit are included below.

40% of Total Score

Program Activity Plan (Written Proposal)- 40 points

The program activity plan will be scored on the feasibility of being fully and successfully implemented and having an impact on the focus population(s). Focus population(s) must be clearly identified for each activity. The approach includes overcoming barriers to reaching participants effectively over time, and a reasonable plan to assess performance and effect.

- **Organizational Background and Capacity- 10 points**
 - Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in accessing, servicing, and engaging members of the focus population. Specific areas of review include:
 - Description of the history of the agency, specifically, the history in providing services to the selected focus population(s) in the Metro Atlanta EMA.
 - Level of the organization's ability to be culturally responsive in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.
 - The extent to which the applicant's staff mirrors the proposed focus population(s).
- **Program Activity Narrative- 20 points**
 - This section will be evaluated on the extent to which the applicant includes a thorough description of the proposed program and how it will improve health outcomes. Highly rated applications will include descriptions of programs that effectively reach and serve clients with high need, have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and impact of the service category response.

- The application described the proposed focus population, geographic area where the population is found, the need for services, the barriers to care experienced by the population to be served, and how the program will address those barriers.
- The application outlined proposed strategies to provide innovative HIV, STIs, and harm reduction strategies to the focus population and provided a justification for the selection of those strategies.
- The application described how the proposed program will ensure clients are directly provided or effectively linked with primary medical care and offered rapid anti-retroviral therapy (ART), PrEP, or nPEP.
- The application described the proposed process for identifying and addressing clients' need for comprehensive harm and risk reduction services.
- The application described how the agency will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.
- The application described the marketing/branding strategies that will be used to increase the focus population's awareness of HIV and PrEP.
- This section includes proposed deliverables for:
 - # of HIV tests
 - # of persons previously unaware of their status diagnosed with HIV (must attain 1% positivity rate)
 - # of new diagnosis linked to HIV-specific medical care
 - # of active referrals into PrEP for eligible persons who test negative
- Budget (Attachment A)- 10 points

The proposed program design includes all the elements which ensure program services will be implemented and delivered without interruption or gaps in services. In addition, program design ensures proper monitoring and evaluation of program quality and performance. Evidence of a sound program design may include:

- Proposed program structure
- Implementation plan
- Proposed targets
- Proposed program oversight
- Policies and procedures
- Written protocols
- Staffing plan/staff background and expertise
- Evidence of collaborations

60% of Total Score

Site Visit- 60 points

The site visit will be an agency assessment in the following areas:

- Organization Structure and Standards- 20 points
 - The organization shows evidence of sufficiently basic standards to operate publicly

funded programs. Evidence may include but is not limited to:

- Logic model/yearly work plan
 - Annual reports
 - Policies and procedures manual
 - Existing programming for focus population(s)
 - Quality management/Outcomes data
 - Organizational chart (to include proposed program)
 - Position descriptions
- Organization Cultural Flexibility- 20 points
 - The organization shows evidence of expertise in the provision of services to the proposed focus population(s). Evidence of cultural flexibility may include but is not limited to:
 - Engagement- how the client is reached: The organization's marketing materials, outreach efforts reflect the focus population(s). Evidence of engagement was provided.
 - Point of Care- the clients' experience during the visit: The organization's first contact with client, staffing is reflective of the focus population(s), level of interaction and responsiveness reflects the understanding of the focus population(s).
 - Retention/Appeal- how the organization maintains relationship after the visit: The organization's patient retention systems in places such as follow-ups, appointment reminders, check-ins and assist in navigation. Evidence of effective patient retention rates was provided.
 - Voice- clients are offered opportunities to express their satisfaction with programs and services. The organization provided evidence of mechanisms in place in which the client can be heard.
 - Organizational Business Practices- 20 points
 - Organization showed evidence of sound fiscal and business management. The organization's infrastructure reflects capacity to develop and track budget activities, sound legal business practices, and financial stability. Evidence of sound fiscal management may include:
 - Agency budget
 - Program budget
 - Billing invoice capacity
 - Cash flow/reserves
 - Insurance
 - Finance policies and procedures
 - Assurances/compliances
 - Organization has an appropriate environment to address and meet with clients. Space is accessible to clients; it ensures confidentiality and meets clients' special needs.

Award of a contract will be based on the combination of proposal quality and cost judged by CDPH to be in its best interest. CDPH intends to accept the offer that is most advantageous to itself from the standpoint of price, functional sufficiency, technical sufficiency, and other factors that it deems necessary. CDPH reserves the right to reject all proposals received; to modify configurations proposed; or, to negotiate separately with any source whatsoever, in any manner deemed to be in the best

interests of the CDPH.

NO CONTACT DURING PROCUREMENT PROCESS

It is the policy of CDPH that the evaluation and award process for CDPH contracts shall be free from both actual and perceived impropriety, and that contacts between potential vendors and CDPH staff regarding pending awards of CDPH contracts shall be prohibited.

1. No person, firm, or business entity, however situated or composed, obtaining a copy of, or responding to this solicitation, shall initiate or continue any verbal or written communication regarding this solicitation with any CDPH employee or CDPH representative, between the date of issuance of this solicitation and the selected award date, except as may otherwise be specifically authorized and permitted by the terms and conditions of this solicitation.
2. All verbal and written communications initiated by such person, firm, or entity regarding this solicitation, if same are authorized and permitted by the terms and conditions of this solicitation, shall be directed to the Chief Financial Officer.
3. Any violation of this prohibition of the initiation or continuation of verbal or written communications with CDPH employees or designated CDPH representatives shall result in a written finding by the Chief Financial Officer that the submitted bid or proposal of the person, firm, or entity in violation is “non-responsive”, and same shall not be considered for award.

COBB & DOUGLAS PUBLIC HEALTH RIGHTS AND OPTIONS

This RFP constitutes an invitation to submit Proposals to Cobb & Douglas Public Health. Without limitation or penalty, CDPH reserves and holds as its sole discretion, the following rights and options:

- This RFP does not obligate CDPH to select, procure, or contract for any services whatsoever.
- CDPH reserves the right to award a contract based on this RFP and the proposal(s) received (in whole or in part) to one of several vendors.
- CDPH reserves the right to change or alter the schedule for any events associated with the procurement and, if required, notify the Proposers. A Proposer, by submitting a Proposal, agrees to be bound by any modifications made by CDPH.
- All costs incurred by a Proposer in connection with responding to this RFP, the evaluation and selection process undertaken in connection with this procurement, and any negotiations with CDPH will be borne by the Proposer.
- CDPH reserves the right to reject all proposals and components thereof to eliminate all Proposers responding to this RFP from further consideration for this procurement, and to notify such Proposers of CDPH’s determination.
- CDPH may cancel this RFP without substitution of another RFP and terminate this procurement at any time without any liability.
- CDPH reserves the right to waive any technicalities or irregularities in the proposals.
- CDPH reserves the right to eliminate any Proposer who submits incomplete or inadequate responses or is not responsive to the requirements of this RFP.



- Any, and all, proposals not received by the proposal submission date shall be rejected.
- CDPH, including its representatives and consultants, reserves the right to visit and examine any of the facilities references in any proposal and to observe and investigate the operations of such facilities.

By responding to this RFP, Proposers acknowledge and consent to the rights and conditions set forth in this RFP.

IMPORTANT DATES:

- Deadline for submission –December 31, 2021
- Pre-decisional site visits – January 10-14, 2022
- Date of award notification – January 20, 2022

For more information, please contact Valerie Prince, Chief Financial Officer for Cobb & Douglas Public Health via email Valerie.Prince@dph.ga.gov.

CONTRACT DEFINITIONS

In addition to any other terms that may be defined in this solicitation and for purposes of this RFP, the following terms and acronyms have the following meaning:

Acronym or Term	Name or Definitions
Agreement	Refers to the executed contract between the Cobb & Douglas Public Health and Contracting Entity.
Cisgender	An individual whose current gender identity matches the gender identity recorded at their birth.
Clinical Laboratory Improvement Amendment Program (CLIA)	U.S. federal regulatory standards for the accuracy, reliability, and timelines of all clinical laboratory testing performed on humans, except as a part of research. CLIA requires that any facility examining human specimens for diagnosis, prevention, and treatment of a disease or for assessment of health must register with the federal Centers for Medicare and Medicaid Services (CMS) and obtain CLIA certification.
Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver	This certificate permits agencies to perform only waived tests. Waived tests are those that have been approved by the FDA and are simple to use, require very little training to perform and are highly accurate.
Cobb & Douglas Public Health (CDPH)	Cobb & Douglas Public Health and its authorized representatives
Confirmatory Testing	Additional testing performed to verify the results of an earlier (screening) test. For HIV diagnosis, a Western blot or, less commonly, an immunofluorescence assay (IFA) are typically used, though additional more sensitive tests may also be considered.
Culturally Appropriate	Conforming to a culture's acceptable expressions and standards of behavior and thought. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.
Enabler	A small amount of funds or goods given to a client to allow them to access services (e.g., voucher for transportation).
Evaluation (program evaluation)	The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Expanded Testing	To increase the reach of HIV testing to disproportionately affected populations, including African Americans, Hispanics, men who have sex with men (MSM) and person who inject drugs (PWID) regardless of race or ethnicity. Expanded testing includes making testing available in non- traditional locations and during non-traditional business hours.
Focus Populations	The primary groups of people or organizations that a program, strategy, or intervention is designed to affect.
Health Disparities	Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity	A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.
HIV Prevention Counseling	An interactive process between client and counselor aimed at reducing sex not protected by condoms or antiretroviral prevention methods and drug-injection behaviors related to HIV acquisition or transmission.
HIV Screening	HIV testing strategy of all persons in a defined population.
HIV Testing Form	CDC-approved form for capturing HIV testing, partner services and linkage data. The Part I form includes a behavioral risk assessment and may be used in lieu of the formal behavioral risk assessment. Part II captures information for HIV reactive and confirmed HIV positive clients.
HIV Testing Strategy	The approach an agency or a person uses when conducting HIV testing to decide who will be tested. Testing strategies include HIV screening that is population-based and targeted testing of subpopulations of persons at higher risk.
Incentive	A type of reward (e.g., food, money, or other small reward) given as compensation for a person’s time and participation in a particular activity.
Incidence	The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly diagnosed as HIV-infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.

Indirect Costs	Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intervention	A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.
Linkage to Medical Care	This occurs when a patient is seen by a health care provider (e.g., physician, a physician’s assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to care service immediately after diagnosis and follow-up until the person is linked to long-term case management.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA)	Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Men Who Have Sex with Men (MSM)	Men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact). This person will not always identify as “gay.”
National HIV/AIDS Strategy for the United States (Updated to 2020 - NHAS)	A comprehensive plan focused on reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.
National HIV Monitoring and Evaluation (NHM&E) Data Set	The official database containing the full set of National HIV Prevention Program Monitoring and Evaluation data variables.
Non-healthcare Setting	A setting in which neither medical diagnostic nor treatment services are provided, but health screening may be provided.
Nonprofit Organization	Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Not-in-Care	Clinic and health department data (after being reconciled) indicate that the patient has not received HIV care in more than 6 months and there is no evidence to the contrary.
Outcome	The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity, and mortality.
Outreach	A process of engaging face-to-face with high-risk persons in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by peers or paraprofessional educators.
Partner Services (PS)	A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status or, if already infected, prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.
Performance Measurement	The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Prevalence	The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.
Previously Diagnosed HIV Infection	HIV infection in a person who meets either of the following criteria: (1) self-reports having previously tested HIV-positive; or (2) has been previously reported to the health department’s surveillance registry as being infected with HIV.
Proposal	The document submitted by the applicant in response to this RFP.
Proposer	The entity or individual submitting a proposal in response to his RFP.

Qualitative Data	Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships, rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.
Quantitative Data	Numeric information, such as numbers, rates, and percentages, representing counts or measurements suitable for statistical analysis.
Race	A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.
Recruitment	The process by which persons are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral (CTR).
Referral	Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.
Request for Proposal (RFP)	All documents, whether attached or incorporated by reference, utilized for soliciting sealed proposals.
Risk Behaviors	Behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.
Risk Factors	Factors based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group highly impacted by HIV, using expired-date condoms, Internet use). Influencing factors of behavioral risk refer to associations with risk (risk correlates and risk contexts), not behavioral determinants.
Seroconversion	The transition from infection with HIV to the detectable presence of HIV antibodies in the blood. When seroconversion occurs (usually within a few weeks of infection), the result of an HIV antibody test changes from HIV negative to HIV positive.

Scope of Work	All the services specified, indicated, shown, or contemplated by the Contract, and furnishing by the Contractor of all materials, equipment, labor, methods, processes, construction and manufacturing materials and equipment, tools, plants, supplies, power, water, transportation, and other things necessary to complete such services in accordance with the Contract.
Social Determinants	The economic and social conditions that influence the health of persons, communities, and jurisdictions and include conditions for early childhood development; education, employment, and work; food security; health services; housing; income; and social exclusion.
Structural Intervention	An intervention designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change. (An example might be changing the operating hours of a testing site or providing bus tokens for access.)
Subcontractor/Sub-Consultant	An individual, firm, corporation or any combination thereof having a direct contract with Consultant/Contractor for the performance of a part of the work.
Surveillance	The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.
Transgender Female to Male (FTM)	An individual assigned the female gender at birth who identifies on the male spectrum.
Transgender Male to Female (MTF)	An individual assigned the male gender at birth who identifies on the female spectrum.
Transmission Risk	A behavior that places the priority population at potential risk for HIV infection or transmission.
Treatment as Prevention (TAsP)	The use of highly active anti-retroviral therapy to bring about HIV viral suppression.
Work Plan	The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

ATTACHMENT A:

DETAILED BUDGET AND JUSTIFICATION TEMPLATE

Detailed Budget and Justification

Agency name:
Unit of measure (e.g. 1 month, year, project, individual, etc.):
Contract period:

A. Personnel: An employee of the agency whose work is tied to this contract.

Position	Name	Annual Salary/Rate	Percent of Effort	Cost
			TOTAL	\$

JUSTIFICATION: Describe the role and responsibilities of each position.

Fringe Benefits: List all components of fringe benefits rate.

Component	Rate	Wage	Cost
FICA	%	\$	\$
Workers Compensation	%	\$	\$
Insurance	%	\$	\$
		TOTAL	\$

JUSTIFICATION: Indicate current fringe rates.

B.Regular Operating: Explain need for all regular operating (e.g., rent 200 sq. ft. @ \$50 per sq. ft.; utility directly related to this project).

Item	Rate (e.g. 200 sq. ft. @ \$50/sq. ft.; percent electricity cost related to this project)	Cost
		TOTAL \$

JUSTIFICATION: Describe how the expense is related to this project and include explanation of how costs were estimated.

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C. Travel: Explain need for all travel. Local travel policies prevail.

Purpose of Travel	Location	Item (e.g. airfare, hotel, per diem, mileage)	Rate (e.g. ticket price x number of persons; miles time ¢ per mile)	Cost
			TOTAL	\$

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

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D. Equipment: Materials costing more than \$5,000 per unit with a usage expectancy of more than 1 year.

Item Description	Cost per Unit	Number of Units	Cost
		TOTAL	\$

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

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E. Supplies: Materials costing less than \$5,000 per unit and often having one-time use. Include test kit, condoms and client incentives, if applicable.

Item Description	Rate	Cost

	TOTAL	\$

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

F. Per Diem/Fees/Contracts: Generally, amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

Name	Service	Rate (e.g. per day; per mile; per project)	Other (e.g. number days; number miles; number projects)	Cost
			TOTAL	\$

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

G. Telecommunications: Amount to be paid for phone, fax, email, etc.

Item	Rate	Cost
	TOTAL	\$

JUSTIFICATION: Explain the need for each item and how they relate to the overall project

ATTACHMENT B:

E-VERIFY AFFIDAVIT

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

_____ Business License Account No.

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-6 digits)

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 202_____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202_____.

NOTARY PUBLIC

My Commission Expires: _____