

**Mississippi State Department of Health  
STD/HIV Office  
Prevention Policy Branch  
CY 2018**



**Request for Proposals For  
High Impact HIV Prevention Programs**



*Proposals should be mailed to:*  
**Community HIV Prevention Proposal  
STD/HIV Office  
Mississippi State Department of Health  
570 East Woodrow Wilson Drive  
Jackson, MS 39215-1700**

**Proposal MUST be received by 5:00 pm CST on Friday January 12, 2018**

**Mississippi State Department of Health  
Community HIV Prevention Proposal  
CY 2018 Grant Year**

**REQUEST FOR PROPOSAL (RFP)**

**Posting Date: December 16, 2017**

**ATTENTION! IMPORTANT DETAIL!**

**Your proposal must be submitted in a sealed package. (Original + 5 copies marked as “Copy”)**

<b>Deadline/Closing Date for Proposals:</b>	<b>January 12, 2018 - By 5:00 PM CST</b>
<b>RFP Number: RFP5-2017</b>	

<b>Submit your sealed package to the following address:</b>
<p><b>Community HIV Prevention Proposal STD/HIV Office Mississippi State Department of Health Osborne Building – 3<sup>rd</sup> floor 570 East Woodrow Wilson Drive Jackson, MS 39215</b></p>

**Number of copies to be submitted: One (1) original and five (5) copies marked as “Copy”**

It is the intent of the Mississippi State Department of Health to accept grant proposals to provide comprehensive community-based HIV prevention services to persons at high-risk for becoming infected with HIV and for persons living with HIV/AIDS. The sub-recipients shall use the Centers for Disease Control and Prevention (CDC) funds, administered by MSDH, to provide services to eligible persons in the same or substantially same manner as detailed in MSDH’s grant application.

The anticipated amount of award\* in each service area is as follows:

<b>MSDH Public Health Region</b>	<b>Anticipated Award Amount</b>
Region 1	\$80,000
Region 2 (not including Jackson MSA)	\$80,000
Jackson MSA	\$175,000
Region 3	\$165,000

To review MSDH’s Public Health Regions, go to:  
<http://healthmys.com/msdhsite/static/resources/7322.pdf>

**\*ESTIMATE ONLY: FUNDING FOR THE APPLICANTS IS DEPENDENT UPON MSDH RECEIPT OF FEDERAL FUNDS.**

Awards may be increased or decreased due to amount and/or availability of funding at the time of the awards. MSDH reserves the right to grant multiple awards per region.

**Eligibility:** Organizations which are eligible to apply for funds must have a minimum of at least a three (3) year documented history (within the past three (3) years) of providing services to persons at high-risk for becoming infected with HIV and/or persons living with HIV/AIDS, and have the documented infrastructure capacity to operate on a cost reimbursement basis. The applicant must have the documented organizational fiscal stability to maintain its agency’s core services without the prevention funds provided in this grant. The applicant must provide a strong rationale for funding based on a sustained and documented history of providing the specific services for which funds are being requested in this RFP.

**How to Apply:** See page 12 of the Request for Proposals (RFP) for additional details regarding information to be included with your submission. A cover letter should be included and signed by an authorized agent or other official agency personnel. Eligible applicants must submit the required original and five (5) copies in a sealed envelope or package to the address listed above no later than 5:00 p.m. CST on January 12, 2018. Timely submission of the proposal is the responsibility of the applicant. Proposals received after the specified time will be rejected and shall remain unopened in the proposal file.

**Timeline:**

Invitation for RFP	December 16, 2017
Questions and Requests for clarification	December 28, 2017
Answers Posted by MSDH	January 4, 2018
Submission Deadline RFP	January 12, 2018
Notice of Intent	January 20, 2018
Sub-grants Begin	February 15, 2018

**The deadline for all proposals is January 12, 2018, by 5:00 P.M. CST**

Questions & Answers: Questions will be accepted until 5:00 P.M. CST, December 28, 2017. All questions must be submitted via email to Belinda Havard at [belinda.havard@msdh.ms.gov](mailto:belinda.havard@msdh.ms.gov). Responses will be posted by January 4, 2018 by 5:00 PM CST. MSDH will not be bound by any verbal or written information that is not contained in this RFP unless formally noticed and issued by the contact person.

In the event of the need to alter this Request for Proposal after the invitation is released, any amendment to the original Request for Proposal or Responses will be posted on the MSDH website. It is the responsibility of the applicant to monitor the MSDH website for any amendments to the Request for Proposals or Responses.

**Available Funding Date:** Final selection of all successful applicants is anticipated to be made and notifications released on or before January 20, 2018. Final Sub-grant Agreements will be executed to be effective when signed by the applicant and MSDH. February 15, 2018 is the anticipated start work date.

A draft copy of the Sub-grant Agreement is included in the RFP (**Attachment A**).

**Budget Form for Proposals:** Every proposal must be accompanied by a budget and budget narrative. A budget template with guidance, including allowable expenses, is included in **Attachment F**. Proposals received without a budget and budget narrative will be rejected and not reviewed by the review panel.

All vendors and Contractors must have a state vendor number to receive reimbursement from MSDH. To obtain a state vendor number, visit <http://www.dfa.ms.gov/dfa-offices/> and select “Are you Interested in Doing Business with Mississippi?”. Upon registration, you will be assigned a state vendor number.

## **BACKGROUND AND SIGNIFICANCE**

The Centers for Disease Control and Prevention (CDC) provides federal funding to the Mississippi State Department of Health (MSDH) through a cooperative agreement to improve and increase HIV prevention outreach activities for hard-to-reach populations at high risk for HIV. The CY 2018 CDC cooperative agreement is aligned with the National HIV/AIDS Strategy (NHAS), which requires that Federal HIV prevention funding allocations go to jurisdictions with the greatest need. The NHAS asserts that combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographical areas holds much promise to greatly increase the impact of HIV prevention efforts in states.

Approximately \$500,000.00 annually is anticipated through this Request for Proposals (RFP) to fund HIV prevention awards to community-based organizations (CBOs). The anticipated funds (approximately \$500,000.00) may not be fully awarded in this RFP process and may be held for allocation in a future funding process. Final award amounts will be negotiated depending on the number of providers awarded and funds available. The first year of the grant will begin February 15, 2018 and end December 31, 2018. Ten and a half months will be funded in 2018.

Priority consideration will be given to organizations with the capacity to deliver services as specified within this RFP in geographic areas that have the highest number of HIV prevalent cases (based on MSDH surveillance data for persons diagnosed and living with HIV at the end of CY 2016) and HIV incident cases (HIV infections newly diagnosed and reported to MSDH within the two calendar years of 2015-2016). Consideration will be given to CBOs that meet the qualifications and specifications as indicated in this RFP.

Funds will be awarded for up to a five-year project period. Yearly continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required recipient activities, submitting required reports in a timely manner and compliance with all other contractual obligations. Continuation awards are subject to funding availability from CDC to MSDH.

The use of funds should be consistent with the Integrated HIV Prevention and Care Plan 2017 - 2021. Funds may not be used to provide direct patient medical care, e.g., ongoing medical management and provision of medications. Funds cannot be carried over at the end of a budget Year (the end of each calendar year of operation).

### **Eligible High Risk Jurisdictions**

This RFP will support efforts to prevent HIV infection for populations disproportionately affected by HIV/AIDS as per epidemiologic and social determinants. Each year, the Mississippi State Department of Health reviews epidemiological data and determines the target prioritized populations and geographical counties for HIV prevention. High Risk Jurisdictions for CY 2016 are listed below. All written proposals must clearly identify the **prioritized target counties** and the **prioritized high-risk populations within those counties** that will receive the core intervention(s) and demonstrate the organization's existing ability to provide effective organized prevention outreach for the chosen jurisdiction(s).

#### **CY 2016 Prioritized Target Counties by Public Health Region:**

Region 1: Bolivar, Desoto and Lee

Region 2: Washington, Hinds, Lauderdale, Lowndes, Madison, and Rankin

Region 3: Forrest, Jackson, Jones, and Harrison

#### **CY 2016 Prioritized Target High Risk Populations:**

1. Persons living with HIV/AIDS (PLWHA)
2. African American Males (ages 13-44)

3. African American Men who have Sex with Men (ages 13-44)
4. African American Females (ages 13-44)
5. Caucasian Men who have Sex with Men (ages 25-64)
6. Hispanics
7. Correctional Facilities and Detention Centers
8. Substance Users
9. Jackson MSA African American Men (ages 20-29)

<b>2016 Prioritized Target Populations</b>	<b>Mississippians Living with HIV (2016)</b>
Persons living with HIV/AIDS (PLWHA)	10,518
African American Males (ages 13-44)	2,576
African American MSM	2,870
African American Females (ages 13-44)	1,146
Caucasian MSM	1,137
Hispanics	302
Injecting Drug Users	489

\* In 2016, an estimated 489 diagnosed HIV infections were attributed to injection drug use (IDU) in Mississippi. Any proposals that seek to target Injecting Drug Users must describe methods to quantify the target population that will be reached.

### **SCOPE OF GRANT PROPOSAL**

It is the intent of the Mississippi State Department of Health (MSDH), to accept grant proposals to provide comprehensive community-based HIV prevention to persons at high-risk for becoming infected with HIV and for persons living with HIV/AIDS. The sub-recipients shall use the Centers for Disease Control and Prevention (CDC) funds, administered by MSDH, to provide services to eligible persons in the same or substantially same manner as detailed in MSDH’s grant proposal to the CDC and as identified and listed in the Mississippi Integrated HIV Prevention and Care Plan 2017 – 2021 <http://www.healthmys.com/msdhsite/ static/resources/7022.pdf> .

### **FUNDING FOR THESE APPLICANTS IS DEPENDENT UPON RECEIPT BY MSDH OF FEDERAL FUNDS.**

Organizations which are eligible to apply for funds must have a minimum of at least three (3) years documented history (within the past three (3) years) of providing services to persons at high-risk for becoming infected with HIV and/or persons living with HIV/AIDS as outlined in the Scope of Services, and have the documented infrastructure capacity to operate on a cost reimbursement basis. The applicant must have the documented organizational fiscal stability to maintain its agency’s core services without the prevention funds provided in this grants process. The applicant must provide a strong rationale for funding based on a sustained and documented history of providing the specific services for which funds are being requested in this RFP. *All applicants, regardless of the interventions and activities being proposed, must meet these eligibility requirements*

Additionally, conditional upon the specific interventions that are in the proposal, the applicant must provide:

#### **Targeted HIV Rapid Testing**

HIV testing is the use of diagnostic tests designed to determine the serostatus of individuals. HIV screening is the testing of all people within a given population or location. Research indicates that risk behavior is reduced once a person knows his or her status. HIV testing also offers the opportunity to provide counseling and referral to others services to both HIV-positive and HIV-negative individuals. Routine HIV screening is designed to reach all individuals within a given population who present at a venue where HIV testing is available, e.g., hospital emergency departments, health department STD clinics, and labor and delivery departments. The MSDH presently

employs sub-grant agreements with healthcare facilities to expand routine HIV testing activities beyond the local health department clinics. This funding may not be used to conduct routine HIV screening in healthcare settings.

For Targeted HIV testing applicant must:

1. Have a minimum of at least a three-year documented history (within the past three calendar years) of providing HIV testing services to one or more of Mississippi's priority populations.
2. Have at least an annual average of one percent (1%) documented HIV positivity rate within the applicant's HIV testing program in the three-year period noted in number 1 above.
3. **For Jackson MSA Applicants:** Have at least three (3) consecutive years documented history (within the past three calendar years) of annually providing targeted HIV testing services to at least 200 MSM, with greater than 50% of the MSM testing services being provided to African American MSM (AAMSM).
4. Have at least two paid staff with current HIV testing credentials (certificates, etc.).
5. Have current documentation of a CLIA waiver for conducting HIV testing.
6. Have documentation of a quality assurance protocol and service procedures manual for HIV testing.
7. Provide documentation of collaborating with the local health department(s), specifically in regards to conducting HIV Testing and Linkage Services.
8. Describe how targeted HIV counseling, testing, and referral for services will be conducted for prioritized jurisdictions.
9. Describe how your organization will deliver all services in a manner consistent with current CDC and MSDH policy guidelines and recommendations. For example, the applicant must describe how the testing will comply with universal and biohazard safety precautions.
10. Describe how your organization will work with gatekeepers to gain access to targeted settings and venues.
11. Demonstrate how 2% rate of newly identified positive test will be achieved.
12. Describe test results reporting methods. Also, describe the use of test technologies (e.g., rapid tests) and recruitment strategies (e.g., use of incentives) that will maximize the proportion of persons that receive their test results.
13. Plan activities that encourage support for MSDH Partner Services and strive for Service Integration where feasible.

**Interventions**

The goal of the CDC-funded Cooperative Agreements is to provide highly effective, cost-efficient HIV prevention services to prioritized high-risk populations. Highly Effective Behavioral Interventions Proposals may be submitted to support *community-level* interventions, *group-level*, or *individual-level* interventions that use the appropriate science-based behavioral interventions for prioritized jurisdictions (populations and counties) described in Section I. A complete list of interventions can be found at:

<https://effectiveinterventions.cdc.gov/> .

Below is a list of popular highly effective, evidence-based programs – click the link above to find out more about the intervention. Note that these interventions vary by level (e.g., individual, group or community).

<b>Target Population</b>	<b>Evidence-Based Behavioral Interventions</b>
<b>Persons living with HIV/AIDS (PLWHA)</b>	ARTAS CLEAR (Choosing: Empowerment, Action, Results!) Healthy Relationships
<b>African-American Men Who Have Sex With Men (AAMSM)</b>	Many Men Many Voices d-up: Defend Yourself! VOICES/VOCES (tailored to MSM)
<b>MSM</b>	Mpowerment
<b>High risk individuals</b>	CLEAR (Choosing: Empowerment, Action, Results!) Popular Opinion Leader
<b>Hispanics</b>	Voices/VOCES (tailored to MSM)

The proposal must demonstrate how the organization will achieve the required behavioral interventions to proposed number of high-risk individuals in the chosen target population and/or geographical jurisdiction.

**Please note that this outcome requires that enrollees complete the behavioral intervention training. The proposal must demonstrate how the organization will retain participants in the selected training program(s) in order to complete training for all participants that enroll.**

### **Condom Distribution**

For Condom Distribution, applicant must:

1. Describe how condom purchases will comply with all state and federal procurement policies and laws.
2. Ensure that condom purchases must conform to CDC requirements (<https://www.cdc.gov/condomeffectiveness/docs/male-condom-use-508.pdf>) for effective barriers to prevent the spread of HIV infection. For example, lambskin condoms may not be purchased using these funds. Only clinically effective latex alternatives for condoms for latex allergic individuals may be purchased.
3. Describe how the organization will prioritize and coordinate condom distribution to target HIV-positive persons and person at highest risk of acquiring HIV infection. Describe how your organization will distribute condoms and provide instruction on the correct and consistent use of condoms to high-risk targeted jurisdictions.

**MSDH will not consider any proposal for condom distribution only.**

### **Linkage and referral (including PrEP if applicable)**

For Linkage and referral (including PrEP), applicant must:

1. In your HIV testing and linkage program, describe the method(s) by which persons with negative results are linked or referred to PrEP and other appropriate services.
2. Describe how you will track your PrEP candidate enrollment. How will staff determine if individuals referred to a PrEP program were actually enrolled?

### **Community Outreach and Education**

For Community Outreach and Education, applicant must:

1. Describe how target populations will receive information about services offered.
2. Describe your agency's history and ability to plan, implement, hold a community based event. Include the following:
  - o Linkage to care outreach
  - o HIV prevention education and awareness
  - o Target specific organizations such as (house communities, fraternal or sorority organizations, college and/or youth organizations).

## **SCOPE OF WORK/SPECIFICATIONS**

### **A. REQUIRED ACTIVITIES**

The applicant awarded under this grant proposal shall:

1. Develop and submit an annual program plan in a MSDH-required planning template by November 15 of each grant year based on the selected recommended interventions and priority populations for the geographic area(s) proposed for service delivery. The program plan should be based on the service area's local epidemiology and local needs assessment information, including a resource inventory and gap analysis. Interventions consist of six (6) primary programs:
  - a. Targeted HIV testing and linkage services;
  - b. Interventions for persons living with HIV/AIDS (PLWHA);
  - c. Interventions for persons at high risk for acquiring HIV who have not been diagnosed as PLWHA and who are from one of the priority populations noted in the table in Attachment B of this RFP;
  - d. Condom Distribution;
  - e. Linkage and referral (including PrEP); and
  - f. Community Outreach and Education that is culturally responsive to the targeted community
2. For the period of February 15, 2018 – December 31, 2018, provide services proposed via this RFP process and subsequently revised in a MSDH-required sub-grant agreement. Approval of the final service plan for CY 2018 must be received from MSDH prior to implementation of the services.
3. Only conduct social marketing and media activities when they link directly to getting participants into the planned priority interventions, notably HIV testing, and are related to one or more of the following events or observances: National Black HIV/AIDS Awareness Day, National STD Awareness Month, National Hepatitis Testing Day, National HIV Testing Day and World AIDS Day. MSDH will encourage use of CDC-developed and other national campaign materials when practical and appropriate. No more than 5% of the funding request may be allocated to social marketing and media activities.

### **B. GRANT REQUIREMENTS**

1. If an applicant enters into contractual agreements to provide the services, the applicant is responsible for providing contractual oversight ensuring the sub-grantee is in compliance with all CDC and MSDH contractual and reporting requirements. MSDH must approve



prevention service sub-grant agreements in advance of the MSDH grantee making such agreements final.

2. The applicant will consult with MSDH's STD/HIV Program in developing programs/services and policies in order to assure compliance with CDC and MSDH regulations. These include meeting all reportable disease requirements in Mississippi and supporting routine surveillance activities, including (but not limited to) case investigation and follow-up.
3. The applicant must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011) (<https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments; (b) submit annually a certification of compliance in the form attached (Attachment I) assuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
4. The applicant must manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Grantee must notify MSDH immediately upon discovery of any breach. If the breach relates to CDC-funded services, Grantee must also notify CDC within one hour of the discovery.
5. The applicant must use MSDH-approved reporting mechanisms for tracking and reporting program services.
6. The applicant must allow MSDH on-site for site visits and make complete records available, upon request, for financial, programmatic and quality management visits. MSDH reserves the right to arrive on-site announced or unannounced at any time to review/evaluate the program.
7. The applicant must be prepared to provide, upon request by MSDH, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
  - a. Financial Management: Financial records will be reviewed to assure compliance with generally accepted accounting principles. The records should provide accurate, current and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other source documentation.
  - b. Program Progress: Review progress in providing prevention services and expending funds.

**C. FUNDING-RELATED GRANT REQUIREMENTS**

1. Indirect charges to the grant are limited to ten percent (10%) of the award unless the organization has its own federal approved indirect cost rate.
2. Annual submission of a budget and budget narrative is required for each program. See Attachment F for guidance and a sample/template.
3. Unallowable expenses are:
  - a. Research.
  - b. Clinical or direct patient medical care.
  - c. Medications or treatment vaccines.
  - d. Substance abuse treatment.
  - e. Legal services.
  - f. Psychiatry services.

- g. Laboratory services (note: all blood samples for HIV confirmatory testing must be sent to the MSDH Public Health Laboratory).
- h. Improve land, or to purchase, construct, or make improvements to any building.
- i. Pay for automobile parts, repairs or maintenance
- j. Make cash payments to recipients of services.
- k. Purchase HIV-related educational materials, pictorials, audio visuals, questionnaires or survey instruments without prior approval by the MSDH Panel Review Committee. **HIV related educational materials must be submitted to the Panel Review Committee for review prior to the purchase of these items.**

**D. GRANT REPORTING REQUIREMENTS**

The applicant will provide programmatic, demographic and financial plans and reports as required by the STD/HIV Office. These requirements are:

- 1. Annual submission of an interventions services planning worksheet is required.
- 2. Collect and submit process-monitoring data on all interventions. Data must be entered into a MSDH-required data collection system by the 15<sup>th</sup> day of the following month.
- 3. Collect and submit required HIV testing and linkage data in Evaluation Web by the 15<sup>th</sup> day of the following month.
- 4. Report all data in a timely manner. Failure to provide timely reporting and data entry may result in the withholding of invoice approval until such time all of the outstanding data are received by MSDH.

**E. GRANT ACCOUNTABILITY MEASURES**

The applicant awarded under this grant proposal will be expected to:

- 1. Attend, as required, Mississippi HIV Planning Council meetings and other MSDH-sponsored trainings to ensure the appropriate delivery of interventions.
- 2. Ensure that interventions are conducted as planned and ensure complete documentation.
- 3. Ensure the interventions are conducted in a quality manner by qualified staff and in accordance with CDC's procedural guidance for the selected interventions, and according to MSDH's guidelines for delivery of HIV testing and linkage services.
- 4. Deliver all services in a culturally and linguistically appropriate manner.
- 5. Recruit clients and select implementation sites that contribute to the highest impact prevention services.
- 6. Achieve and maintain at least a 2% HIV positivity rate for newly diagnosed persons with HIV in the Comprehensive Prevention Program.
- 7. Provide linkage to HIV medical care for newly diagnosed persons within one month of their HIV diagnosis.
- 8. Ensure linkage to MSDH's STD/HIV partner services for persons newly identified as HIV positive in the applicant's HIV testing program.

9. Complete in a timely manner a quality improvement and corrective action plan as developed by MSDH and as needed to continue grant funding.
10. Attend Evaluation Web software and data collection training. Evaluation Web is an Internet browser-based HIV Prevention reporting system developed and maintained by Luther Consulting and mandated by CDC to collect HIV testing data.
11. Ensure that any HIV Prevention educational materials purchased are linked to a specific program intervention, are necessary for the activity, and have been approved by the MSDH STD/HIV Panel Review Committee prior to purchase.
12. Request reimbursement for expenditures at least once monthly, no later than the 15th of the following month.
13. Attend all required grantee meetings including webinars and conference calls.
14. Participate in at least two annual site visits from MSDH. As needed, MSDH may require additional site visits throughout the year.
15. Collaborate with other Grantees and stakeholders (e.g. HBCUs, FQHCs, CBOs, local health departments). MSDH encourages Grantees to participate in and/or develop partnerships to recognize national observances (e.g. National HIV Testing Day) and, as feasible, to be engaged with partners on a more ongoing basis (e.g. SHAPE Initiatives or similar community collaborative groups).

**F. GRANT BUDGET**

Approximately \$500,000.00 is anticipated to fund CBO HIV Prevention grant agreements starting on or about February 15, 2018. The final award amount is dependent upon the number of awards given, the strength of the program description, the strength of the narrative justification for the funds, the documented history of providing the services being proposed for future funding, and the impact on HIV prevention to priority populations in the proposed services area(s). The total approximate amount anticipated of \$500,000.00 may not be awarded in this RFP process and may be awarded in a future funding process. The total of \$500,000.00 is based upon an annual 12-month award amount. However, as the expected beginning date of the grant agreements is February 15, 2018, the CY2018 awards will be for ten and a half months.

Funds will be awarded for a five-year project period. Yearly continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required recipient activities and submitting required reports and availability of funds. MSDH reserves the right to terminate or not renew sub-grant awards if sub-grantee demonstrates unsatisfactory progress as evidenced by unsuccessfully implementing required recipient activities and failure to submit required reports and unavailability of funds.

If awarded, the applicant will submit a projected budget to MSDH by prior to approval of subgrantee agreement. If throughout the course of a grant year a budget revision is necessary, the applicant must make a written request to MSDH for approval of the revision. The budget revision will not be authorized until the applicant receives written approval from MSDH.

**The budget submitted in this RFP process should be for a 12-month period even though only ten and a half months will be funded.**

Note that adequate resources must be budgeted for 2 staff and volunteers to attend the annual

MAAN Summit and United States Conference on AIDS (USCA).  
INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA  
NOTE: THE FOLLOWING INFORMATION MUST BE PROVIDED.

To be considered for award, all proposals must include, at a minimum, responses to the following information. Scoring points associated with each section are noted in parentheses. The proposal must contain all required information listed below, with exceptions noted for specific items. Applicants should restate each of the items listed below and provide their bid immediately thereafter. **All information should be presented in the listed order:**

The applicant is to submit ONE ORIGINAL AND FIVE (5) copies including, but not limited, to the following information for consideration and evaluation.

MSDH reserves the right to request any information it deems necessary to make the final decision concerning the applicant's ability to provide the services requested herein before entering into a contract. MSDH also reserves the right to require a pre-decisional site visit to review any requested information prior to making a final decision on funding.

- A. Cover Letter (1 page) - Submit a cover letter, which includes a summary of the applicant's ability to perform the services described herein and a statement that the applicant is willing to perform those services and enter into a contract with MSDH. The cover letter must state that the applicant will comply with all requirements of the RFP. The cover letter must be signed by a person having the authority to commit the applicant to a contract.
- B. Eligibility Determination Documentation (25 pages max.) (Submit the following items.)
1. Three annual HIV testing data reports from calendar years 2014, 2015 and 2016. Reports must include specific citation of testing services to the population(s) being proposed to be reached in this proposal. Reports must be from the funder of testing (CDC, private foundation, etc.) and have this detail clearly identified. Reports may be in the form of: 1) Summary data report; 2) Data within a site visit report; and/or 3) Data within a funder's technical review of the applicant's annual report, etc.
  2. Three calendar years of HIV testing service reports from 2014 - 2016 that include documentation of the HIV positivity rate among all HIV tests conducted. The rate must: 1) Reflect identification of new positives, not previous positives; 2) Be at least  $\frac{3}{4}$  of one percent (.75%); and 3) Be in a report provided from either a funding source (CDC, MSDH, etc.) or a laboratory service that provides confirmatory HIV testing.
  3. At least two training certificates to fully document the credentials of each paid staff person being proposed to deliver HIV testing services.
  4. The current CLIA waiver that indicates the organization's ability to provide HIV testing services.
  5. The table of contents page of an HIV testing quality assurance and services protocol/procedures manual which includes clear identification of the manual as being a document from the applicant organization.
  6. At least one site visit report or technical review from a funding source that describe the level of quality service delivery and other successes in providing HIV Prevention services as are being proposed in this proposal. This document or documents may be from any year(s) within the past

three calendar years (2014, 2015 or 2016).

7. At least one Memorandum of Agreement (MOA), Letter of Agreement (LOA), etc. from a local MSDH public health department representative that indicates an agreed-upon process for accepting referrals for:
  - 1) HIV confirmatory testing (as applicable) for persons testing preliminary positive; 2) DIS-delivered Partner Services for persons testing HIV positive; and 3) Social work linkage-to-care HIV case management services (as applicable) for new HIV positives;
8. A listing of all of sources of funding/support and the specific programs supported. Each funding stream's start and ending dates must be included.

The following documents must be submitted to determine eligibility, only if proposing to deliver the specified intervention(s).

9. For applicants proposing to deliver an Intervention (with the exception of ARTAS): At least three annual data reports (CY2014, CY2015, and CY2016) that clearly indicate the delivery of the intervention. Reports may be in the form of: 1) Summary data report; 2) Data within a site visit report; and/or 3) Data within a funder's technical review of the applicant's annual report, etc. **All applicants will be expected to conduct the ARTAS intervention. Training will be provided if necessary.**
10. At least three annual data reports (CY2014, CY2015 and CY2016) that document annually providing targeted HIV testing services to at least 200 MSM, with greater than 50% of the MSM testing services being provided to African American MSM (AAMSM). The report should also document at least an annual average of a 1% HIV positivity rate among MSM being tested within the applicant's MSM HIV testing program in the three-year period.

### **Proposal Narrative**

#### **C. Organizational Capacity: Structure, History, Technological and Financial Capacity (10 pages max.) (10 points)**

1. Provide an organizational chart reflecting the organizational structure of your organization, governance, programs/services and staffing.
2. List your Board of Directors with each member's name and title.
3. Identify your major programs or organizational branches.
4. List of all full-time/part-time staff by name and position.
5. List all of your offices or locations giving street addresses and telephone numbers and hours of operations.
6. Verification of 501(c) 3 status (ex. a copy of the letter from the IRS or Mississippi proof of incorporation).
7. Describe HIV related services provided by your organization and to what populations they are provided to.
8. List the operating system(s) on the computers your prevention staff use (i.e., Windows XP for

Office, etc.). How does your agency handle computer problems, including access to the Internet? What is the usual response time?

9. Describe your agency's data security and confidentiality standards.
10. Who is your Chief Financial Officer and how does your organization accomplish bookkeeping and accounting functions? Does your organization have a full or part-time bookkeeper or accounting type person as an employee or as a consultant?

D. Collaboration and Linkages (10 pages max.) (30 points)

1. In your HIV testing and linkage program, describe the method(s) by which persons testing preliminary positive receive confirmatory testing. Your program must have the capacity to provide confirmatory testing, indicate the specific number of staff who are capable of delivering this testing.
2. In your HIV testing and linkage program, describe your referral process that links HIV positive persons to care. How does your organization follow-up, including documentation, to assure that medical appointments are kept?
3. If you are not currently providing HIV care services funded by Ryan White Part B or C, how does your organization collaborate with the Ryan White care providers in your primary service area? Is there some form of routine communication and meetings?
4. Describe your current partnership(s) with the local health department in your primary service area and future plans to coordinate with local health departments.
5. Describe your current partnership(s) with other HIV prevention and care providers in your primary service area as well as with other providers throughout Mississippi. Describe how you relate to each organization, including efforts to collaborate in providing services to various populations. Indicate if staff or volunteers participate in formal, community-based collaborative efforts.
6. Describe in-kind services that build the capacity to most efficiently and effectively deliver the services being proposed in this proposal.

E. HIV/ Prevention Program Description (30 points)

1. Describe the priority populations in your current and proposed prevention services area and any of their unmet needs for HIV Prevention services.
2. List the specific priority population(s) that you are intending to reach and briefly describe your experience delivering the proposed intervention(s) to the population(s).
3. Complete Attachment C, the "HIV Prevention Program Services" worksheet. For *each* priority population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:
  - a. For HIV testing: A minimum of 25 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.

- b. For group-level interventions: A minimum of 50 persons annually per intervention should be planned, with allowed increments of an additional 10 persons per intervention cycle.
- c. For individual-level interventions: A minimum of 10 persons annually per intervention should be planned, with allowed increments of an additional 10 per intervention.
- d. For PrEP Education and Referral: A minimum of 150 persons annually should be planned, with allowed increments of an additional 10 persons annually. All clients with negative test results should be considered for PrEP education and referral.

*If funded, MSDH will require final approval of the selected intervention sites/venues in order to avoid duplication of services and ensure the most efficient, comprehensive impact for the priority populations in need of services throughout the state. Also, if funded, planned numbers should be considered as targets; they are not end-points in service delivery. MSDH expects grantees funded through this RFP to deliver funded services throughout the entire calendar year project period, regardless of having reached the planned numbers for that year, and without any expectation of additional compensation beyond the awarded contract funds. All services delivered, including those in excess of planned numbers, must be reported in the appropriate data system.*

- e. Please review Attachment D and describe the organizational history and capacity to provide PrEP Linkage and referral Services. Indicate existing or proposed collaborations with providers who will manage the medical care services for the clients after they have been referred. Provide details on what activities or interventions will be used to assure that clients who are provided PrEP Education and Referral Services will remain in PrEP treatment services. This assurance should be to the extent that is possible for your agency and until such time that these services are no longer needed by the client. Please note that there are limitations and restrictions on how funds, if awarded, may be used for PrEP-related services. If funded for PrEP Linkage and referral Services, MSDH may require a more detailed service plan to be submitted and approved prior to program implementation.
4. Describe how you propose to use CDC’s browser-based system, Evaluation Web (EW), to report all required prevention services data. Explain who will be responsible for ensuring all new staff will complete the identification proofing process (e-authentication). MSDH is available to provide training for new users in the system.

F. Targeted HIV Testing Services (20 points)

- 1. Complete Attachment E, the “Targeted HIV Testing” worksheet.

G. Capacity Building Services Program Description (10 points)

- 1. Describe (in one to two pages of narrative) your agency’s history and ability to plan, implement, and evaluate a HIV prevention educational event targeted to men who have sex with men and their providers. The narrative should consist of a brief description of the past experiences in conducting this type of event and the planned services to be provided in CY2018 and subsequent years, if funded. Both the service history and future plans should include details on the event itself as well as supportive educational resources that are developed in advance of and following the conclusion of the educational event.
- 2. Identify your agency’s staff who have successfully completed a CDC-sponsored or MSDH-

sponsored training of trainers (TOT) for any of the fundable HIV Prevention interventions (or their prerequisites) listed on Attachment B. Indicate the agency's agreement to allow trained staff to conduct trainings at the request of MSDH's STD/HIV Division throughout the project period.

**H. Budget and Budget Justification Narrative**

All applicants must complete a proposal budget and budget narrative using the budget format in Attachment F.

The budget should be for a calendar year, 12-month period. However, if funded, the CY2018 awards will be begin February 15, 2018 and end December 31, 2018. The sub-grants will be funded for ten and a half months. A detailed justification is required for each component of the program budget (i.e. personnel, travel, supplies, contractual services, etc.). Include a list of all proposed subcontractors (if any) and the amount of funds to be paid to each sub- contractor. For travel, break out any anticipated out-of-state travel and in-state travel. Indirect costs are capped at 10% of the overall budget unless the organization has its own federal approved indirect cost rate.

MSDH is obligated by CDC to direct resources to geographic areas and populations most in need of prevention services, as defined by Mississippi's HIV epidemiological data. As such, the approximate range of funds available within its Public Health Regions is as follows:

<b>MSDH Public Health Region</b>	<b>Anticipated Award Amount</b>
Region 1	\$80,000
Region 2 (not including Jackson MSA)	\$80,000
Jackson MSA	\$175,000
Region 3	\$165,000

Note: If no qualified applicants apply or are awarded funds for the Programs or Services major categories of this RFP in a particular Public Health Region, MSDH reserves the right to not award all of the funds in this RFP process or to award funds indicated above as available for one Region to qualified applicant(s) in another Region.

To review MSDH's Public Health Regions, go to:  
<http://healthmys.com/msdhsite/ static/resources/7322.pdf>

**Approximate Allocation Cost Per Intervention To Consider When Developing Proposal Budget**

<b>Intervention</b>	<b>Approximate Unit Cost Per Intervention</b>
ARTAS	\$3,750
CLEAR	\$2500
VOICES/VOCES (Tailored for MSM)	\$3000
d-up: Defend Yourself!	\$2500
Targeted HIV testing & linkage to care	\$20,625 -\$37,125 \$75/test, all populations except AAMSM; \$135/test/AAMSM



Mpowerment	\$6,000 - \$9,000
PrEP Linkage and referral/Enrollment	\$35
Many Men, Many Voices	\$4,000- \$5,000

**I. PROPOSAL SUBMISSION**

Proposals will be evaluated by a review panel on the basis of the following criteria. Eligibility as indicated in:

- a. The cover letter (not scored)
- b. Eligibility Determination Documentation (not scored)

\*The above two sections of the proposal will be reviewed to determine if you are eligible for funding.

- c. Organizational Capacity (20 points)
- d. Collaboration and Linkages (5 points)
- e. HIV Prevention Program (50 points)
- f. Targeted Testing Services (20 points)
- g. Capacity Building Services (5 points)
- h. Budget (not scored)

Your proposal's budget will be reviewed to ensure you have a clear and understandable explanation of all costs in the narrative budget justification and a demonstration of strong linkages to the interventions being proposed.

## EXAMPLE SCOPE OF WORK

The Centers for Disease Control and Prevention (CDC) provides cooperative agreement funding to the Mississippi State Department of Health to improve and expand HIV prevention outreach activities for hard-to-reach populations at high-risk for HIV. The CY 2018 cooperative agreement is aligned with the National HIV/AIDS Strategy (NHAS) which requires that Federal HIV prevention funding allocations go to jurisdictions with the greatest need.

This sub-grant agreement between the Mississippi State Department of Health and HIV Free is used to provide scientifically-valid community-based methods for implementing high impact, comprehensive human immunodeficiency virus (HIV) prevention programs in order to achieve maximal results in addressing the HIV/AIDS epidemic in Mississippi. This sub-grant agreement shall require expanded HIV testing and prevention planning and activities to reach Public Health Region I.

HIV Free, also known as sub-grantee, agrees to:

- Permit MSDH staff to complete both scheduled and unscheduled site visits to perform programmatic and fiscal monitoring of the project and organization for programmatic and fiscal reporting purposes. Organizational non-compliance with these site visits may result in termination of the contract.
- Send an organizational representative to attend all Mississippi HIV Planning Council (MHPC) meetings. Representatives for the agency must attend the entire meeting. MHPC meetings are scheduled from 10:00 a.m.-2:00 p.m. Representative must be knowledgeable in interventions, CTR & Condom Distribution.
- Submit a monthly written progress report for contract activities no later than 15 calendar days after the end of each month. The report shall include data for all quantifiable evaluation measures for each service category and/or objectives and qualitative information about the program activities. Progress reports must contain quarterly goals, objectives and outcomes for 3MV, condom distribution, and street and community outreach. **Failure to submit reports in a timely manner may delay the receipt of reimbursements.**
- Submit invoices for project expenditures on a monthly basis. **The invoices should be received by the 15<sup>th</sup> day of the following month. Failure to submit invoices in a timely manner may delay the receipt of reimbursements.**
- Establish fiscal and program controls in accordance with generally accepted accounting principles, as well as federal grantor agency and MSDH directives to assure that funds are used solely as described in the agreement.
- Provide adequate documentation to support the sub-grantee's financial claims for the delivery of services, including adequate documentation for the distribution of monetary incentives (e.g., gift cards) to the appropriate individuals only. Adequate documentation shall be submitted with monthly invoices for reimbursement. The sub-grantee will also ensure that internal financial management controls are in place to isolate and trace every sub-grant dollar and deter fraud.
- Complete CDC SAMS E-Authentication process within thirty days of contract approval.
- Provide evaluation data using the CDC designated database *EvaluationWeb* or other database designated by the MSDH or CDC. The sub-grantee must have Agency Level, Program Level, and Aggregate Level data entered into *EvaluationWeb* or other designated database by the **fifteenth** day of the following month. The sub-grantee shall complete the data collection forms provided by MSDH in a timely manner and make data available at site visits.

- Maintain an effective process evaluation mechanism for each intervention funded by MSDH funds.
- Assist MSDH with planning and implementation of community outreach forums in your targeted jurisdiction as feasible.
- Obtain and disseminate HIV-related written materials, pictorials, audiovisuals, questionnaires or survey instruments for HIV prevention activities that have been approved by the MSDH STD/HIV Materials Panel Review Committee. This is in accordance with the Centers for Disease Control and Prevention (CDC) requirements.
- Comply with all confidentiality and security requirements for protected health information to prevent disclosure.
- Adhere to and structure prevention activities in accordance with the HIV Integrated Prevention and Care Plan.
- Read, sign and submit a “Rules of Behavior for CDC Data System User Agreement” for all data entry users within 30 calendar days of approved sub-grant agreement.
- Provide leadership and support staff to plan, develop, manage and assure HIV testing and prevention services to African American MSMs that reside in the Region I.

***Evidence Based Interventions***

- Plan, organize and evaluate an intervention entitled Many Men Many Voices (3MV) to 80 African American men who have sex with men (MSM) in the Region I.
- Assure that 3MV is implemented and delivered without any change to its core competencies unless prior written approval for a change is obtained from the funding organization (e.g., CDC).

***CTR -Expanded Testing***

- Plan, coordinate and provide targeted counseling, HIV rapid testing using the UniGold HIV ½ test., and referral for services (CTR) for targeted jurisdictions through organized community outreach/testing events in non-clinical settings to reach at least **300 high-risk** individuals. Testing should be conducted in areas identified as high morbidity areas and in high-risk populations (AA women, AAMSM, Caucasian MSM and other prioritized populations). Five (5) of the community outreach/testing forums must be in observance of National HIV awareness dates and within your targeted jurisdiction. One date must be National HIV Testing Day-June 27. The following are the National Awareness dates.

<b><u>National Black HIV/AIDS Awareness Day</u></b>	<b>February 7</b>
<b><u>National Women and Girls HIV/AIDS Awareness Day</u></b>	<b>March 10</b>
<b><u>National Native HIV/AIDS Awareness Day</u></b>	<b>March 20</b>
<b><u>National Asian &amp; Pacific Islander HIV/AIDS Awareness Day</u></b>	<b>May 19</b>
<b><u>National Caribbean American HIV/AIDS Awareness Day</u></b>	<b>June 8</b>
<b><u>National HIV Testing Day</u></b>	<b>June 27</b>
<b><u>World Hepatitis Day</u></b>	<b>July 28</b>
<b><u>National HIV/AIDS and Aging Awareness Day</u></b>	<b>September 18</b>
<b><u>National Gay Men’s HIV/AIDS Awareness Day</u></b>	<b>September 27</b>
<b><u>National Latino AIDS Awareness Day</u></b>	<b>October 15</b>
<b><u>World AIDS Day</u></b>	<b>December 1</b>

- Provide a calendar of scheduled testing events coinciding with National HIV Awareness dates within 30 calendar days of contract award.
- Avoid and *do not* provide HIV rapid testing in past venues/sites that have not yielded identification of newly identified HIV positive individuals without prior written approval of MSDH.
- For all reactive result HIV Free will conduct a second rapid test using Clearview Complete 1/2 test kits.
- Ensure that a blood sample for all individuals with a reactive HIV Rapid Test results is obtained and sent to the MSDH Public Health Lab through the local county health department as per MSDH policies for Multispot HIV1 and HIV2 confirmatory testing by 4 p.m. the same day (in the event the blood specimen cannot be submitted to the MPHL by 4 p.m., the specimen should be stored at room temperature and delivered the next day).
- Ensure that whole blood specimens are submitted to Mississippi Public Health Lab for confirmatory testing using MSDH provided “Tiger Top” blood collection tubes. All specimens not received in Tiger tubes will be discarded.
- Complete an HIV Antibody Requisition form (EvaluationWeb Testing Form) fully and submit with all confirmatory blood samples. The submitting site’s name and physical address must be on file with the MSDH Public Health Lab and recorded on all requisition forms.
- Receive and respond to all correspondence from MSDH Public Health Lab at the agency’s recorded physical address.
- Report all reactive (preliminary positive) rapid HIV test to the Mississippi State Department of Health STD/HIV Office Surveillance Branch by verbal report at (601)576-7723 and notify by verbal report Disease Intervention Specialist (DIS) located in the District location where testing is conducted.
- Maintain a two percent (2%) positivity rate for the organization’s CTR program.
- Maintain CLIA Waiver licensure to conduct HIV rapid testing in non-healthcare settings. A copy of the current CLIA waiver must be provided to the health department within thirty (30) calendar days from approval of this agreement.
- Provide HIV partner education and interpersonal skills development to prevent the spread of HIV for the social partners of individuals living with HIV infection in the Region I including Jackson, Harrison, Hancock, George, Pearl River and Stone counties.
- Perform rapid HIV testing at no cost to all patients who receive services at HIV Free.
- Provide a standard for rapid HIV testing based on HIV counseling, testing, and referral guidelines developed by the Centers for Disease Control and Prevention as written in the implementation guide provide by MSDH.
- Allow staff to participate in required trainings and ensure that essential clinical staff complete required trainings for HIV counseling, testing, and referral prior to conducting rapid HIV testing.
- Agrees to contact STD/HIV Office to obtain current HIV trends and targeted locations for CTR implementation.

- Maintain documentation of completion of required trainings for all persons conducting HIV counseling, testing and referral and ensure all requirements have been met prior to performing rapid HIV testing.
- Assure that no staff personnel provide any HIV testing and/or counseling without documentation of completion of all required trainings.
- Report required CTR client level data by completing the **EVALUATIONWEB 2017 HIV TEST TEMPLATE** on all clients who receive a rapid HIV test and submitting the forms to MSDH at least monthly with invoice and enter required data directly in EvaluationWeb.
- Report all reactive (preliminary positive) rapid HIV test to the Mississippi State Department of Health STD/HIV Office Surveillance Branch by verbal report at (601)576-7723 and notify by verbal report Disease Intervention Specialist (DIS) located in the Region location where testing is conducted in order to facilitate the next step necessary in linkage to care.
- Submit carbon copies of HIV requisition forms for all tests conducted under PS12-1201 to the MSDH STD/HIV office on a monthly basis. **All carbon copies of HIV requisition forms and invoices must be submitted together by the 15<sup>th</sup> of the month for all rapid HIV tests conducted during the previous month.**
- **Make request for supplies (rapid HIV test kits, controls, HIV requisition forms, etc.) at least 10 business days in advance by contacting the Rapid HIV testing Coordinator at (601) 576-7723.**
- Store HIV rapid tests and controls according to the manufacturer's guidelines. Under no circumstances should controls be stored with food or beverages. Refrigerators containing controls should be marked as biohazardous.
- Comply with CLIA guidelines.
- Verify that CTR implementation activities begin within the first 30 calendar days of approval of the contract, otherwise financial penalties or termination of this agreement may occur.
- Register HIV Free in the MSDH online resource registry on the STD/HIV page of the MSDH STD/HIV Office webpage, [www.healthyms.com](http://www.healthyms.com).

#### ***Condom Distribution***

- Disseminate 3,000 safer sex kits (including **30,000** condoms) to high risk YAAMSM, transgender women, and their partners residing in the Region I. HIV Free will provide verifiable documentation to demonstrate completion of this activity.
- In addition to the above activity, distribute male latex and polyurethane or nitrile sheath female condoms frequently to at-risk populations through organized community outreach (e.g., local nightclubs, etc.).

### ***Street and Community Outreach***

- Plan, coordinate, and hold at least 10 community-based events to provide HIV prevention education through presentations to at least **400** individuals. Data regarding activities and participants must be submitted in quarterly progress reports. Outreach events may coincide with the National HIV Observance days listed below.

<b><u>National Black HIV/AIDS Awareness Day</u></b>	<b>February 7</b>
<b><u>National Women and Girls HIV/AIDS Awareness Day</u></b>	<b>March 10</b>
<b><u>National Native HIV/AIDS Awareness Day</u></b>	<b>March 20</b>
<b><u>National Asian &amp; Pacific Islander HIV/AIDS Awareness Day</u></b>	<b>May 19</b>
<b><u>National Caribbean American HIV/AIDS Awareness Day</u></b>	<b>June 8</b>
<b><u>National HIV Testing Day</u></b>	<b>June 27</b>
<b><u>World Hepatitis Day</u></b>	<b>July 28</b>
<b><u>National HIV/AIDS and Aging Awareness Day</u></b>	<b>September 18</b>
<b><u>National Gay Men's HIV/AIDS Awareness Day</u></b>	<b>September 27</b>
<b><u>National Latino AIDS Awareness Day</u></b>	<b>October 15</b>
<b><u>World AIDS Day</u></b>	<b>December 1</b>

The Mississippi State Department of Health agrees to:

- Provide a copy of the 2015 Update to the MSDH 2012-2015 Jurisdictional Plan.
- Provide *EvaluationWeb* and other templates for required testing and non-testing variable data collection.
- Provide the necessary technical assistance for using *EvaluationWeb* or other CDC designated database.
- Process invoices within 5 business days for those received no later than the 15<sup>th</sup> day of each month.
- Provide MHPC and Prevention Service Council schedules within 7 calendar days of contract approval.
- Provide all materials submitted for consideration of usage in intervention and educational activities to MSDH STD/HIV Materials Panel Review Committee in a timely manner.
- Provide condoms as requested.
- Conduct at least one announced and one unannounced site visit and assure that fiscal and programmatic monitoring and evaluation is completed.
- Share feedback received from CDC site visits and other communications regarding HIV Prevention activities.
- Provide guidance for collection of blood samples for confirmatory HIV testing through negotiated labs or the Public Health Lab.
- Provide follow-up for all new cases of HIV infection and initiate Partner Services and linkage to care.
- Provide HIV Free with Rapid HIV test kits and the test controls at no cost for conducting Non-healthcare targeted testing in communities with individuals at high risk for acquisition of HIV.
- Schedule and provide all required trainings in HIV counseling, testing, and referral.
- Disseminate required forms (e.g., HIV requisition for 364, supply request form, EvaluationWeb HIV Test Template)
- Provide technical assistance to the site to establish protocol for expanded testing and linkage to care through available CDC Capacity Building and social service organizations.
- Provide follow-up through MSDH Disease Intervention Specialist (DIS) to all persons confirmed HIV positive through Multispot HIV1 and HIV2 confirmatory testing in accordance with MSDH STD/HIV policies and procedures.

- Provide quarterly updates of HIV trends through epidemiological data to assist in the identification of targeted testing areas.
- Provide test data reports to HIV Free, Inc. on a periodic basis through the MSDH STD/HIV Surveillance Branch and in accordance with MSDH policies.
- Provide a copy of the 2015 Update to the 2012-2015 Jurisdictional HIV Prevention Plan and update with emerging trends as identified by epidemiological data.
- Coordinate and hold PSC meeting as necessary.

SAMPLE

**EXAMPLE  
HIV FREE, INC.  
BUDGET NARRATIVE**

**January 1, 2018 – February 28, 2018**

**Personnel \$13,500.00**

<i>Title</i>	<i>Effort</i>	<i>Salary</i>	<i>Request</i>
1. Project Director	18%	\$50,000	\$9,000
2. Project Coordinator	15%	\$30,000	\$4,500

**Justification**

**Position #1**

Project Director (20%): This employee will bear ultimate responsibility for overall implementation and management of the project and will supervise and coordinate all applied project activities. **This position relates to all project objectives.**

**Position#2**

Project Coordinator (15%): This person will be responsible for managing the day to day operations of the project. Implementation of activities designed to accomplish the project's stated goals and objectives will be their primary responsibility. **This position relates to all project objectives.**

**Fringe Benefits \$1,446.66**

10.716% of Total Salaries (\$13,500) = Fringe Benefits	
FICA (7.65%)	\$1,032.75
SUTA (3.066%)	\$413.91

**Travel \$3,045.00**

Target area Outreach and Coordination trips to MSDH	
- Mileage 1,000 mi. @ .535 =	\$ 535.00
Hotel @ \$91.00 for 10 nights =	\$910.00
Airline @ \$400 for staff (4) =	\$1,600.00

This represents an estimation of in-state travel for quarterly PSC Meetings, monthly MPG meetings and target area outreach and intervention activities during the project period.

**Equipment \$1,000.00**

**Supplies & Educational Material \$908.34**

This represents an estimation of consumable items needed to carry out the project objectives during the 2 months project period for this project. Supplies include but are not limited to the following; pens, copy paper, folders, penis models, dental dams, markers, binders, newsprint, flyers, certificates, etc. Additionally, represents an estimation of educational material to be purchased.



<b><u>Contracted Services</u></b>		<b>\$64,000.00</b>
CTR/ Rapid HIV Testing	\$16,000	
ARTAS	\$16,000	
Many Men Many Voices	\$16,000	
CLEAR	\$16,000	
<b><u>Other</u></b>		<b>\$14,600</b>
Advertisement	\$2,000	
Telephone@150/Month	\$1,800	
Utilities@200/month	\$2,400	
Rent @ \$700 /month	\$8,400	
<b>INDIRECT</b>		<b>\$1,500</b>
1.5% of total direct cost of project		
<b>TOTAL</b>		<b>\$100,000</b>

SAMPLE

### Attachment B: Fundable Prevention Services

Priority Populations	Fundable HIV Prevention Interventions*
All Priority Populations (listed below)	<ul style="list-style-type: none"> <li>▪ Condom distribution</li> </ul>
Persons Living with HIV/AIDS (PLWHA)	<ul style="list-style-type: none"> <li>▪ Enhanced linkage to, retention and re-engagement in HIV medical care               <ul style="list-style-type: none"> <li>○ ARTAS</li> <li>○ CLEAR</li> </ul> </li> </ul>
African American Men who Have Sex with Men	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ <i>Many Men, Many Voices (3MV)</i></li> <li>▪ PrEP education and referral</li> <li>▪ Mpowerment</li> <li>▪ <i>d-up: Defend Yourself!</i></li> </ul>
High-Risk Heterosexual African American Men and Women	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ PrEP education and referral</li> </ul>
White Men who Have Sex with Men	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ PrEP Education and referral</li> <li>▪ Mpowerment</li> </ul>
Transgender Persons <ul style="list-style-type: none"> <li>▪ Male to Female</li> <li>▪ Female to Male</li> </ul>	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ PrEP education and referral</li> </ul>
Persons Who Inject Drugs (PWID)	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ PrEP education and referral</li> </ul>
Substance Abusers	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage</li> <li>▪ PrEP education and referral</li> </ul>
Hispanics/Latinos	<ul style="list-style-type: none"> <li>▪ Targeted HIV testing and linkage*</li> <li>▪ <i>VOICES/VOCES(tailored to MSM)</i></li> <li>▪ PrEP education and referral</li> </ul>

\*Interventions and Other Guidance:

National HIV/AIDS Strategy (NHAS): <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

Effective Interventions: <http://www.effectiveinterventions.org/>

## Attachment C: HIV Prevention Program Services Worksheet

Agency Name \_\_\_\_\_

### Populations to be Served with Indicated Interventions

Complete the following worksheet as applicable to the interventions you are proposing to deliver per each population with funds provided through this RFP. Proposed numbers should reflect an annual number to be reached, even though the CY2017 activities will be implemented on or about July 1 and thus only for a six-month period.

Also answer the questions on the next page.

*If funded, MSDH will require, per calendar year, a minimum total of 200 persons tested from one or more of the state’s priority populations. Organizations must plan to target no less than 25 persons from a particular population in order to include that population in proposed activities. Organizations may plan to reach a total in excess of 200 but must do so in increments of 10 for each of one or more populations.*

*MSDH will also require a minimum of an overall 1% HIV positivity rate (among all populations served) to be achieved and maintained on a calendar-year annual basis. The rate applies to persons newly identified as HIV positive, not testing and identifying persons who were previously diagnosed as HIV positive.*

Intervention	PLWH	AAMSM	AAWSM	AAMSW	WMSM	T-MTF	T-FTM	PWID	Substance Users	Hispanics	Correctional & Detention Facilities
HIV Testing											
ARTAS											
CLEAR											
Mpowerment											
d-up: Defend Yourself!											
3MV											
PrEP Education & Referral											

Note: T-MTF = Transgender, Male to Female; T-FTM = Transgender, Female to Male

**Questions (please answer on a separate sheet if you need additional space):**

1. What *recruitment strategies* (i.e., *Outreach, Internet Outreach, Social Networking*), specific to each population being proposed for targeted testing services, will be used so that the percent of newly identified, confirmed HIV-positive tests will be equal to or greater than 1.0% of all tests administered within a given period?
  
2. If applicable, list the sites that you have selected for targeted condom distribution and the methods used to determine the sites as appropriate.

**Attachment D**  
**PrEP Program Guidance – CY 2017**

**Guiding Principles for PrEP-related activities:**

- PrEP-related activities to support prevention services must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for sexually transmitted diseases (STD) and viral hepatitis, substance abuse and mental health, and other prevention support services.
- To minimize duplication of effort, grantees should coordinate and collaborate with other agencies, organizations, and providers involved in PrEP-related activities, and substance abuse prevention and treatment, and HIV prevention activities.
- Funds for PrEP-related activities should ensure that referral and linkage to existing HIV prevention and treatment services are maintained.
- **Funds may be used for, but are not limited to, the following:**
  - Planning for how to most effectively incorporate PrEP into prevention education and services, including evaluating what collaborations will be needed.
  - Educational materials about how to use PrEP in conjunction with other HIV prevention and care services, as well as STD, viral hepatitis, mental health and substance abuse treatment.
- **Funds may *not* be used for:**
  - PrEP medications (antiretrovirals).
  - Laboratory testing related to PrEP (other than standard HIV testing services as provided through this grants process).
  - Personnel costs for the provision of PrEP medication and recommended clinical care associated with PrEP.

**Attachment E:**  
**Targeted HIV Testing Services Worksheet**

**Applicant Name** \_\_\_\_\_

**Questions (please answer on a separate sheet if you need additional space):**

1. Check this box to confirm that, if funded, at least 250 men who have sex with men (MSM) will be annually provided HIV testing and syphilis screenings, of which greater than 50% will be African American MSM.
  
2. The applicant, if funded, will be expected to achieve a 2% positivity rate in its Targeted HIV Testing Program. What *recruitment strategies* (i.e., *Outreach, Internet Outreach, Social Networking*) will be used so that the percent of newly identified, confirmed HIV-positive tests will be equal to or greater than 2.0% of all tests administered annually?
  
3. How will the agency/organization ensure that a minimum of 95% of newly identified, confirmed HIV-positive test results will be returned to clients?
  
4. How will the agency/organization ensure that a minimum of 90% of newly identified, confirmed HIV-positive persons will be linked to medical care within 30 days of receiving a confirmatory test?
  
5. How will the agency/organization ensure that a minimum of 90% of HIV negative test results will be returned to clients?

*If funded, the applicant must submit an annual program plan in a MSDH-required planning template by November 15 of each grant year for the geographic area(s) proposed for service delivery. For the period of February 1– December 31, 2018, the applicant, if funded, will submit a program services plan in a MSDH-required template. Written approval of the final services plan for CY 2018 must be received from MSDH prior to implementation of the services.*

## Attachment F

### MSDH HIV/ PREVENTION FUNDS CY 2018 INSTRUCTIONS FOR COMPLETING BUDGET AND JUSTIFICATION NARRATIVE FOR ALL ALLOWABLE COSTS

#### NOTE: UNALLOWABLE COSTS INDICATED AS SUCH BELOW

#### General Information

For each cost category listed in the budget, provide a detailed narrative justification for all requested costs that is consistent with the purpose, objectives and proposed program activities in your plan. Be specific about the costs under each broad category.

**Cost Sharing:** Costs benefiting two (2) or more activities funded with more than one (1) federal grant program and/or other state or local funding should be shared based on the proportional benefit. For any budget category/item, if your HIV Prevention costs are shared with other federal, state, or other funding sources, you should show what portion or percentage is for the HIV Prevention Program contract and what portion benefits other program funding. The total annual projected costs for your organization for an item, e.g. rent, utilities, should be shown to validate the portion shown for the HIV Prevention Program effort. For example, XYZ Organization's annual rent is \$30,000 and there are 10 staff and 10 office spaces. One staff conducts HIV Prevention services; nine staff conduct other unrelated programs. Therefore, 10% (\$3,000) is charged for rent cost for HIV Prevention services, 40% for Ryan White services, and 50% for other programs.

**Indirect Costs:** Indirect costs (capped at 10%, unless the organization has its own federal approved indirect cost rate) include operating and maintaining facilities; general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting; cost of audits if required; management and oversight activities of specific programs under this contract; development and establishment of reimbursement and accounting systems; and overhead.

**Unallowable Costs:** These are costs of your organization that are not allowed because of contract/RFP, State and/or Federal laws and regulations. Examples are an indirect costs in excess of the 10% (unless the organization has its own federal approved indirect cost rate) allowed in the contract, fines/penalties, late fees, fund raising costs, lobbying costs, bad debts, alcoholic beverages, bonuses, construction, meals for staff within 50 miles of headquarters and not associated with conference/meeting.

#### Specific Budget Categories

**Personnel:** List each person by name, title, annual and/or hourly salary, amount of time on program (i.e. percent of time such as 100% or 50% and number of days); include staff proposed to be hired if position is vacant or new.

Provide a summary description of their job duties related to HIV Prevention under this contract. If partial funding is requested for a position, then indicate the other sources of funding for this position, the amount, and responsibilities under these funding sources. Separate personnel costs for program/direct service providers and administrative positions.

**Fringe Benefit/Employer Contributions:** List each type of fringe benefit and how it is calculated (such as FICA, Medicare, unemployment, workmen's compensation and other payroll taxes, health and dental insurance, life insurance, retirement and pension plans, annual leave, etc.) If a composite percentage rate is used for all benefits provided, sufficient documentation should be provided to justify the

composite rate. Employer contributions for each staff person should be equal to the percent of the FTE allocated for a particular staff, e.g. if a person is funded 75% from HIV Prevention funds, then employer contributions from HIV Prevention funds should also equal 75%.

**Travel:** List all in-state and out-of-state travel costs. The costs, including room and board, must directly benefit and be specific to the work in connection with the services or activities described in the Scope of Work of this RFP. All travel must be limited to: 1) local and direct prevention services, and 2) training/conferences that directly relate to the delivery of planned interventions. Travel will be included within the maximum amount of the contract.

**Equipment:** List each type of equipment, who will use it, purpose for the equipment purchase, the vendor and price/quote. Cost sharing must be applied if equipment will be used for other than HIV Prevention activities. Equipment should be identified as office, educational/training or other.

**Supplies:** Supplies are items that cost under \$500 and have a “life” of less than a year. These include educational materials, incentives, condoms, newsprint, office supplies, janitorial, etc.

**Contracted Services:** Contracted Services are *services* you are buying from somewhere else. The cost may fluctuate from month to month depending on the service. Contract services include consulting fees (evaluation, needs assessment, trainer) and subcontractors. Specify if the contracted service is for administration or prevention program services. Subcontractors should be listed separately. All subcontractors must be approved by MSDH. Provide the following for each subcontractor:

- a. How the contract was obtained (competitive bid process, etc.)
- b. Target audience, as applicable
- c. Period of contract performance
- d. Type of contract (fixed, ongoing, etc.)
- e. Type of organizations solicited
- f. Description of activities to be provided
- g. Detailed budget justification for broad categories

**Other:** Describe each item listed in this category in terms of what it is, who will benefit, and why it is necessary. If the item will be shared with other programs or administrative/overhead expenses, then cost sharing must be applied and the proportion of the cost for HIV Prevention must be indicated. This category should include items such as rent; printing (offset) of brochures/materials; photocopying/duplication, e.g. QuickCopy, Staples, etc.; telephone; Internet service; postage; utilities (gas/electric, water/sewer); security system; pest control; training and/or meeting expenses (detail all costs including room expenses, AV equipment rental, speaker fees, refreshments); insurance; accounting/bookkeeping; data processing; bank charges; dues and subscriptions; registrations (in-state meetings only); and equipment maintenance (if not included in equipment category and not included in the base for the indirect cost rate).

**\*Indirect Costs:** Indirect costs may only be 10% of your total budget unless your organization has a federal approved indirect cost rate. If your organization has an established indirect cost rate, give the rate, the base or basis against which the rate is applied, and the costs included in the rate. Examples of indirect costs include bookkeeping, office furniture, and administrative oversight. If your organization uses an indirect cost rate, then the items included should not be listed under other budget categories. Provide the source for your indirect cost rate if one is used.

Indirect costs should be clearly reflected in the appropriate budget categories above.



**MSDH HIV PREVENTION FUNDS**

**Annual, Proposed 12-month Budget Example/Template**

**Note: If funded, the grant award for 2018 will be for ten and a half months and will require that a revised budget be submitted.**

**PROPOSAL BUDGET FOR GRANTEE (NAME): \_\_\_\_\_**

Category (Specify/Identify Each Planned Expenditure As a Line Item Within Its Category. Add More Lines As Needed.)	Line Item Budget Amount	Subtotal, By Category
<b><u>I. Personnel</u></b> A. B. C.	\$ \$ \$	<b><u>I. Personnel</u></b>  \$
<b><u>II. Fringe Benefit/Employer Contributions</u></b> A. B. C.	\$ \$ \$	<b><u>II. Fringe Benefit/ Employer Contributions</u></b> \$ _____
<b><u>III. Travel</u></b> A. B.	\$ \$	<b><u>III. Travel</u></b>  \$
<b><u>IV. Equipment</u></b> A. B.	\$ \$	<b><u>IV. Equipment</u></b>  \$
<b><u>V. Supplies</u></b> A. B.	\$ \$	<b><u>V. Supplies</u></b>  \$
<b><u>VI. Contracted Services</u></b> A. B.	\$ \$	<b><u>VI. Contracted Services</u></b>  \$
<b><u>VII. Other</u></b> A. B.	\$ \$	<b><u>VII. Other</u></b>  \$
<b><u>VIII. Indirect Costs</u></b> A. B.	\$ \$	<b><u>VIII. Indirect Costs</u></b> _____ \$
<b>TOTALS</b> (“Line Item” Total Column & “Subtotal, By Category” Total Column Should Be The Same)	\$	\$

**Attachment G**  
**Certification of Compliance**

**CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY  
STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL  
RESPONSIBLE PARTY (ORP)”**

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s *Data Security and Confidentiality Guidelines*. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and contractors funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

**Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.**

Name	Title	Telephone

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature: Executive Director

\_\_\_\_\_  
Signature: Authorized Business Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Attachment H**  
**Post-Award Vendor Debriefing and Protest**

**I. Post-Award Vendor Debriefing**

A respondent, successful or unsuccessful, may request a post-award debriefing, in writing, by U.S. mail or electronic submission. The written request must be received by the Director of the Mississippi State Department of Health within three (3) business days of notification of the contract award. A post-award debriefing is a meeting and not a hearing; therefore, legal representation is not required. A debriefing typically occurs within five (5) business days of receipt of the request. If a respondent prefers to have legal representation present, the respondent must notify the Director of the Mississippi State Department of Health in writing and identify its attorney by name, address, and telephone number. The Mississippi State Department of Health will schedule and/or suspend and reschedule the meeting at a time when a Representative of the Office of the Mississippi Attorney General can be present.

For additional information regarding Post-Award Debriefing, as well as the information that may be provided and excluded, please see Section 7-114 through 7-114.07, Post-Award Vendor Debriefing, of the *Personal Service Contract Review Board's Rules and Regulations*.

**II. Protest of Award**

Any actual or prospective respondent or contractor who is aggrieved in connection with this solicitation or the outcome of the Request for Proposals may file a protest with the Proposal Coordinator, Belinda Havard, Prevention Coordinator. The protest shall be submitted on or before 5:00, December 18, 2017 in writing after such aggrieved person or entity knows or should have known of the facts giving rise thereto. All protests must be in writing, dated, signed by the respondent or an individual authorized to sign contracts on behalf of the protesting respondent and contain a statement of the reason(s) for protest, citing the law(s), rules(s) or regulation(s), and/or procedure(s) on which the protest is based. The written protest letter shall contain an explanation of the specific basis for the protest. The protesting respondent must provide facts and evidence to support the protest. A protest is considered filed when received by the Proposal Coordinator, Belinda Havard, Prevention Coordinator, via either U.S. mail, postage prepaid, or personal delivery. Protests filed after 5:00, January 5, 2018 will not be considered.

**ADDENDUM  
To  
Grant Agreement**

**Mississippi State Department of Health  
Community-Based HIV Prevention Services FY2018 RFP Number:**

**RFP5-2017**

<https://msdh.ms.gov/rfp>