



**Gwinnett, Newton, and Rockdale
County Health Departments**
2570 Riverside Pkwy P.O. Box 897
Lawrenceville, GA 30046-0897
Phone: 770.339.4260
Fax: 770.339.2334
www.gnrhealth.com

Audrey Arona, M.D., District Health Director

ENDING THE HIV EPIDEMIC PARTNERSHIP REQUEST FOR PROPOSAL

Gwinnett, Newton, Rockdale County Health Departments (GNR) are accepting proposals from qualified applicants to provide HIV prevention services in Gwinnett County on behalf of GNR HIV Prevention Program. The services being sought are an element of GNR'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 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 Georgia Department of Public Health (DPH).

Through the issuance of this Request for Proposal ("RFP" and/or "Proposals"), GNR is soliciting Proposals from qualified Proposers 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 newly diagnosed HIV-positive persons; 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 sero-conversion; and HIV Prevention systems integration in healthcare settings.

Proposals will be received at the Gwinnett, Newton, Rockdale Health Department, HIV Prevention, 455 Grayson Hwy Suite 500, Lawrenceville, Georgia 30046 until 5:00 p.m. EST, Friday, April 09, 2021. Proposals received after this date and time will not be accepted.

OBJECTIVES

The following are objectives of this project:

- Increased knowledge of HIV status among persons at risk for HIV
- Reduced new HIV infections among persons at increased risk for HIV infection
- Increased access to care for persons living with diagnosed HIV infection
- Improved health outcomes for persons living with diagnosed HIV infection, including achieving viral suppression
- Increased access and adherence to PrEP and nPEP for persons at increased risk for HIV infection
- Increased access to and use of condoms
- Reduced HIV-related health disparities
- Increased participation in HIV partner services among persons newly diagnosed with HIV
- Increased health system capacity to provide opt-out testing and PrEP referrals

ELIGIBLE APPLICANTS

Organizations that meet the following requirements are eligible to apply for funding under this RFP:

- Organizations with service delivery sites located in the Atlanta Eligible Metropolitan Area (EMA) and serve the Gwinnett county population.
- Not-for-profit prevention, health and support service providers, including universities
- Organizations that seek to promote equity for focus populations
- Organizations that do not have 501c3 status may apply for funds in partnership with organization that has a 501c3 serving as a fiduciary agent. An executed memorandum of understanding (MOU) or memorandum of agreement (MOA) detailing the connecting between the Proposer and their fiduciary agent must be included with the Proposal.

FOCUS POPULATIONS

This funding effort is designed for residents of Gwinnett County at increased risk for HIV. Sub-populations include, but are not limited to:

- Gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men)
- Black/African American men and women
- Transgender men and women
- Latino men and women
- Injection drug users
- Youth aged 13-24 years (noting the particularly high burden of HIV among young Black/African American gay and bisexual men)

ANTICIPATED FUNDING

Approximately \$300,000 is expected to 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
Non-Clinical Community-based HIV testing, diagnosis, and linkage to care of persons previously unaware of their (+) HIV Status	- African American MSM	Minimum \$75,000 Maximum \$200,000	1 - 3
	- Hispanic/Latino MSM		
	- Caucasian MSM		
	- IDU		
	- African American Women (Heterosexual)		
- African American Men (Heterosexual)			

Clinical based HIV testing, diagnosis, and linkage to care of persons previously unaware of their (+) HIV Status	<ul style="list-style-type: none"> - African American MSM - Hispanic/Latino MSM - Caucasian MSM - IDU - African American Women (Heterosexual) - African American Men (Heterosexual) 	<p style="text-align: center;">Minimum \$75,000</p> <p style="text-align: center;">Maximum \$140,000</p>	1 - 2
--	---	--	-------

Special Notes:

- The actual number of awards and amount of funding available will depend on the amount of the funding awarded to GNR 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 GNR 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 Proposer must have a current CLIA Certificate of Waiver and Quality Assurance Plan on file for rapid HIV testing, if applicable. If none, the Proposer must detail timeline for obtaining such.
- All organizations funded under this mechanism will be required to maintain medical liability coverage.
- All organizations will be required to sign GNR’s Business Associate Agreement.
- Funds will be dispensed in accordance with approved contracts. Invoices for contract services and required status reports must be submitted prior to fund reimbursement.

INITIATIVES MAY ALSO INCLUDE:

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

KEY DELIVERABLES:

Expected Outcomes:

Category A:

Community based HIV testing, diagnosis, and linkage to care of persons vulnerable to HIV infection and/or persons newly diagnosed with HIV

- Provide focused, non-clinical HIV testing among individuals with increased risk and/or in areas of high prevalence as identified by the GNR/DPH Surveillance units.
- Ensure that all clients who are identified as HIV infected are 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 confirmed HIV- positive client. Refer to Statewide Linkage Protocol for guidelines and expectations.
- Provide HIV prevention services for all high-risk negative individuals identified. At minimum, prevention services must include screening for pre-exposure prophylaxis (PrEP) eligibility and distribution of condoms/safer sex materials. Documentation of PrEP screening must be provided for each high-risk negative client.
- Report all HIV (+) to GNR to re-engage client using ARTAS, general linkage, and data-to-care strategies.
- Participate in the GNR condom distribution program targeting HIV positive individuals and persons at high risk for HIV and other Sexually Transmitted Infections (STIs).
- Provide CDC approved evidence-based interventions for individuals living with HIV/AIDS. Information about approved interventions may be found at <https://www.cdc.gov/hiv/effective-interventions/index.html>
- Contractors must attain an annual 1% positivity rate

Category B:

Clinical based HIV testing, diagnosis, and linkage to care of persons vulnerable to HIV infection and/or persons newly diagnosed with HIV

- 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 that 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 confirmed (+) HIV positive client. Refer to Statewide Linkage Protocol for guidelines and expectations.
- Provide HIV prevention services for all high-risk negative individuals identified. At minimum, prevention services must include screening for pre-exposure prophylaxis (PrEP) eligibility and distribution of condoms/safer sex materials. Documentation of PrEP screening must be provided for each high-risk negative client.
- Report all HIV (+) to GNR to re-engage client using ARTAS, general linkage, and data-to-care strategies.
- Participate in the GNR condom distribution program targeting HIV positive individuals 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://www.cdc.gov/hiv/effective-interventions/index.html>
- Contractors must attain an annual 1% positivity rate.

PROPOSAL FORMAT AND CONTENT

The Proposal should include the appropriate and requested information in sufficient detail to demonstrate the Proposer’s knowledge, skills, and abilities to provide the requested services. The Proposal will be reviewed and evaluated based on each Proposer’s responses to the criteria described 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 which 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 (Specific; Measurable; Achievable; Realistic; Time-Phased);
5. Include a project narrative;
6. Describe data collection capabilities.
7. Include verification of 501c3 status, Federal Tax ID

Project Organization- Describe the proposed management structure, program monitoring procedures, and organization of the engagement team. (Organizational chart must be included).

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

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

Budgetary Guidelines/Budget Justification- Utilizing Attachment A (Budget Template), the Proposer 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 Proposer will conduct the activity if not paid for through project funds (e.g. in-kind).

1. Successful Proposer may only expend funds for program purposes, including personnel, travel, supplies, and services. (Budget revisions greater than 20% of the entire budget must be approved by GNR.)
2. The direct and primary recipient of the contractual agreement with GNR HIV Prevention program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider.
3. Contract funds may not be used for the purchase of furniture or equipment unless approved in the budget. Any such proposed spending must be identified and justified in the budget.
4. Successful Proposers 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.
5. Successful Proposers may not use funds to incentivize persons getting tested. Funds may be used to enable or incentivize linkage and retention to PrEP or TAsP. Funds may be used to enable persons accessing HIV testing (e.g. transportation voucher).
6. Allowable costs are limited to:
 - a. Personnel
 - b. Fringe Benefits
 - c. Social Media and Marketing
 - d. Travel (local only)
 - 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).
7. Awardees will not be reimbursed for pre-award costs.
8. Successful Proposers may not make direct or indirect payments to persons getting tested or receiving services.
9. 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.

10. Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Proposers 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.
11. Funds will be dispensed in accordance with approved contracts. Invoices for contract services and required status reports must be submitted prior to fund reimbursement.

Work Plan- The Proposer must complete the work plan using Attachment B for each proposed category. The work plan should include goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to the service category specific goals and priorities.

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

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, GNR may desire the presence of a proposer's representative for answering specific questions, orally and/or in writing. GNR will not be liable for contractor's costs incurred for preparation or its responses to GNR questions or presentation.

As a part of the proposal review process, GNR will schedule a pre-decisional site visit with the Proposer

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 where possible to do so safely. The scoring criteria for the written proposal and the site visit are included below.

60% of Total Score

Program Activity Plan (Written Proposal) - 60 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, and Gwinnett specifically.
 - 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 Proposer's staff mirrors the proposed focus population(s).
- Program Activity Narrative- 15 points
 - This section will be evaluated on the extent to which the applicant includes a thorough description of 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...
 - Outlined proposed strategies...
 - Clients are directly provided or effectively linked with primary medical care...
 - Identifying and addressing clients' needs
 - Proposer must describe 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.
 - Marketing/branding
- Budget (Attachment A) - 15 points

- Work Plan (Attachment B) - 20 points

The proposed program design includes all of the elements which ensure that 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

40% of Total Score

Site Visit- 40 points

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

- Organization Structure and Standards- 15 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- 15 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- 10 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 the panel to be in the best interest of the Gwinnett County population. GNR reserves the right to reject any proposals from organizations found to provide fraudulent information or found to misrepresent the proposed population served. GNR 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. GNR reserves the right to reject any 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 GNR.

IMPORTANT DATES:

- Deadline for submission –
- Date of award notification –

- First disbursement of grant funds –
- 1st Quarter Report due -
- Mid-year report due –
- 3rd Quarter Report due-
- Final report due –

For more information, please contact Marty Carpenter, HIV Prevention Program Manager for Gwinnett, Newton, Rockdale County Health Departments via email Marty.carpenter@gnrhealth.com