



Request for Applications  
(RFA) NO. 25-10048  
Human Immunodeficiency Virus  
(HIV) Pre-exposure Prophylaxis  
(PrEP) and Post-exposure  
Prophylaxis (PEP) Navigator  
Projects

March 2025

California Department of Public Health

(CDPH) Office of AIDS (OA)

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## Part I: Funding Opportunity Timeline and Description

### Tentative RFA Timeline

EVENT	DATE
<b>RFA release</b> Available on the <a href="#">CDPH/OA website</a>	March 3, 2025 by 5 PM, Pacific Time
<b>Pre-application webinar</b>	March 11, 2025 at 1 PM, Pacific Time
<b>Deadline for submitting written questions</b>	March 14, 2025 by 5 PM, Pacific Time
<b>Answers to written questions</b> Available on <a href="#">CDPH/OA website</a>	March 21, 2025 by 5 PM, Pacific Time
<b>Deadline to submit <u>mandatory</u> Letter of Intent (LOI)</b>	March 26, 2025 by 5 PM, Pacific Time
<b>Application submission deadline</b>	April 14, 2025 by 5 PM, Pacific Time
<b>Notice of Intent to Award released</b> Available on <a href="#">CDPH/OA website</a>	May 30, 2025 by 5 PM, Pacific Time
<b>Appeal deadline</b>	June 6, 2025 by 5 PM, Pacific Time
<b>Anticipated grant start date</b>	Upon execution

### Purpose

The Health and Safety Code (HSC) Section [120972.1](#) establishes funding to support HIV PrEP and PEP navigation services for the purpose of increasing PrEP and PEP initiation and retention among individuals most vulnerable to HIV. As such, **the purpose of this RFA is to [1] establish and integrate PrEP and PEP navigation within the agency or [2] strengthen an existing PrEP and PEP navigation program within the agency.**

Applicants must either demonstrate capacity or propose innovative approaches to engage priority population(s) and navigate them to PrEP and PEP. For the purposes of this funding, CDPH/OA defines “innovative” as the application of new ideas and/or promising practices to address the needs of priority populations as demonstrated by data. This also includes the advancement of existing programs or approaches that have been successful in serving priority populations.

By the end of the project, applicants should have effectively integrated and/or improved low-barrier access to PrEP and PEP into their existing structures by providing navigation

services and benefits enrollment. A goal of this project is that these services should be sustainable and continued after the funding period.

**Applicants who propose to establish and integrate a new PrEP and PEP navigation project will be eligible for additional points in the scoring process.** In this context, a “new PrEP and PEP navigation project” is one that was not in operation before applying for these funds. Expansions and/or enhancements of existing programs do not meet this criteria.

## Activities

### Required Activities

Funded projects will be required to make key activities easily accessible to clients, either by the applicant directly providing the service or indirectly through the applicant’s referral network and partnerships. These activities include:

1. Navigate priority population(s) to low-barrier PrEP/PEP.
2. Implement evidence-informed strategies to engage priority population(s).
3. Provide PrEP adherence support and services.
4. Provide client access to appropriate social and support services.
5. Provide client access to benefits navigation and enrollment.
6. Provide client access to appropriate testing and treatment of sexually transmitted infections (STIs) (i.e. including doxyPEP) or HIV.
7. Strengthen existing or develop new PrEP and PEP navigation programs and services.

### Recommended Activities

Recommended activities are optional and encouraged. These activities include mpox vaccine administration, outreach/education, and purchase of vaccines.

Applicants proposing mpox vaccine administration and purchase should factor in the cost of this effort accordingly into their proposed budgets. Funding for this project will provide eligible reimbursement to awardees for vaccine administration and purchase expenses incurred upon receiving a fully executed grant and for costs related to outreach/education efforts incurred after the grant is executed.

### Priority Population(s)

Based on 2022 data from the [California HIV Surveillance Report](#) and the [HIV/AIDS Epidemiology and Health Disparities Report](#), the primary priority population(s) for this RFA include:

1. Men who have sex with men (MSM), transmen who have sex with men (TMSM), and/or non-binary people who have sex with men (NBPSM) who identify as

Black/African American (AA), Latinx, Native Hawaiian and other Pacific Islanders (NHOPI), and/or American Indian/Alaska Natives (AI/AN)

2. Transgender women
3. Black/AA and Latinx cisgender women
4. People who test positive for syphilis
5. MSM with rectal gonorrhea or rectal chlamydia.

**Applicants who can demonstrate a proven record of success and outline a credible and complete plan for reaching transgender women of color and/or youth (age 13 to 24) in any of the above categories will be eligible for additional points during the RFA scoring process.**

## Award Terms

State General Funds in the amount of \$1.76 million will be awarded annually. CDPH/OA will fund six applicants with annual awards of \$290,000 for three years in duration.

The anticipated project start date referenced in the Tentative RFA Timeline may vary due to the time required to finalize the agreements, obtain signatures, and process the agreements between awardees and CDPH/OA. The tentative award period is:

- Year 1: July 1, 2025, to June 30, 2026
- Year 2: July 1, 2026, to June 30, 2027
- Year 3: July 1, 2027, to June 30, 2028

Awardees are not authorized to begin work until the grant is finalized. Work conducted outside the effective start and end date of the grant will not be eligible for reimbursement. All funding is contingent on the availability and continuation of State general funds allocated for this purpose.

## Eligible Applicants

Applicants may include Local Health Departments (LHDs) and community-based organizations (CBOs) in California. CDPH/OA shall award funding, on a competitive basis. Applicants must demonstrate the capacity to fulfill all RFA program and administrative requirements, including [1] providing enrollment for clinical HIV prevention services, [2] demonstrating how funding will be used to improve PrEP initiation and retention in the applicant's geographic area, and [3] demonstrating the capacity to provide culturally appropriate services to one or more priority populations.

Existing and previously funded PrEP and PEP Navigator projects may apply for this funding, provided their proposal demonstrates that funds will be used to develop a new component, focus on a currently unserved priority population, and/or serve a new geographic location in their community where there are gaps in service for HIV prevention.

Applicants are encouraged to apply for this funding individually or in collaboration with other applicants to develop a comprehensive proposal that meets all requirements. Examples of collaborative applications may include a joint application from two or more LHDs, a partnership between a LHD and a CBO, or a joint application from multiple CBOs. One agency must be designated as the lead agency. The funding will be awarded to the lead agency, and the lead agency will be responsible for grant management, reporting, and invoicing.

Applicants are encouraged to develop applications based on strong local partnerships and their ability to reach their identified priority population(s).

## Part II: Program Requirements

Program requirements include, but are not limited to the following:

- If serving populations other than those listed in this RFA, applicants must use local data to demonstrate how they know this population is underserved in their jurisdiction.
- Using their agency's data, applicants must demonstrate the capacity to effectively serve the specified priority population (i.e. testing positivity rate, linkage and retention rates for clients, # of PrEP and PEP referrals & initiation, staffing reflective of priority populations).
- Projects must be innovative and demonstrate how they will effectively engage and serve the priority population.
- Conduct activities that support identified priority population(s) (i.e. public health detailing, develop/maintain a network of prescribers, provide referrals to other services as needed).
- Applicants must have systems in place for grant management and accountability.

### Effective Approaches

Applicants must apply effective programmatic approaches in their project proposals and describe how they will address the needs of the specified priority population. It is recommended that applicants consider all these effective approaches when developing their proposals and select those that are best suited to their program based on their capacity and specific activities. Please note that the selected approaches must be woven throughout the application narrative.

For full definitions of effective approaches, visit our website to see "[Effective Approaches for HIV Programs](#)."

### PrEP and PEP

The Centers for Disease Control and Prevention released the "Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update." This guideline

gives providers the latest information on prescribing PrEP, including same-day PrEP. The guidelines state that safely shortening the time to initiate PrEP may be useful for some clients. It offers steps to safely prescribe PrEP, such as conducting baseline assessments and tests, assisting with benefits enrollment, scheduling follow-up appointments, and prescribing PrEP. To support same-day PrEP and to minimize barriers to PEP, a portion of the budget can be used to procure PrEP and/or PEP medication starter packs (3-30 days).

## Pharmacy Support

Formal and informal partnerships with pharmacies can facilitate timely low-barrier access to PrEP and PEP. In 2019, [Senate Bill \(SB\) 159](#) was passed, which allowed Californians to access PrEP and PEP at some pharmacies without a medical visit or a prescription. In 2024, [SB 339](#) was passed, which further expanded the provision of PrEP, increased the length of time it can be furnished, and required health insurance plans to cover services provided by the pharmacists when offering PrEP. CDPH/OA encourages applicants to develop relationships with pharmacies when possible and to provide PrEP and PEP public health detailing for partner pharmacies.

## PrEP Assistance Program (PrEP-AP)

Awardees are recommended to submit Enrollment Site applications and Clinical Provider applications to PrEP-AP. For additional information, please visit the [PrEP-AP Website](#) or email [PrEP.support@cdph.ca.gov](mailto:PrEP.support@cdph.ca.gov).

Note: this only applies to awarded agencies and is not part of the RFA scoring process.

## Social Media and Marketing

Media has the potential to deliver HIV/sexually transmitted infection (STI) and positive sexual health prevention messages/programs to priority population(s) in a cost-effective way. Media includes social media (social networking sites), mobile applications, internet sites, social marketing campaigns/initiatives, and videos to capture the power of storytelling. Media and marketing may only account for a maximum of 10% of the annual budget each year. Funded agencies must adhere to CDPH/OA's guidelines around media. Any materials created must be approved by a community review panel, and available to CDPH/OA for distribution. Media from the [CDC's Let's Stop HIV Together Campaign](#) is a good source for free, pre-developed media. New education or media campaigns without prior approval or in excess of 10% of the total budgeted award is not permitted with this funding.

## Monitoring and Evaluation

At least 10% of the project budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control in their

evaluation plan. Both quantitative and qualitative evaluation will be required for all projects.

A description of both quantitative and qualitative evaluation requirements is listed below:

- Quantitative evaluation: awardees will enter client-level data into CDPH/OA's prevention database, Local Evaluation Online (LEO). CDPH/OA will provide the necessary data collection forms and training regarding system use.
- Qualitative evaluation: awardees will collaborate with CDPH/OA before program implementation, at program end, and as needed during the demonstration to 1) document current protocols, 2) document and assist with any mid-cycle changes, and 3) provide progress report summaries at appropriate intervals and at end of grant period.

Projects will be required to collect and monitor client-level demographics and client services data, including established processes for data collection, entry, and routine monitoring, sufficient staffing numbers, and inter-agency agreements as needed. Projects must also have the capacity to implement the required data management, monitoring, quality control, progress reporting, and OA-led program evaluation activities for the entire grant period (i.e., staff capacity and experience, data system resources). All projects must provide qualitative narrative and will be required to attend quarterly meetings to share best practices, discuss challenges and successes.

## Application Narrative Questions

### Yes/No Checkbox Questions

1. Are you proposing to establish and integrate a **new** PrEP and PEP navigation project into your current service model?
2. Are you proposing to serve transwomen of color and/or youth (age 13 to 24) as your **main** priority population of focus?
3. (Unscored Question) Is your organization currently a PrEP-AP Enrollment Site and/or PrEP-AP Clinical Provider? If no, is your organization interested in becoming a PrEP-AP Enrollment Site and/or PrEP-AP Clinical Provider?
4. (Unscored Question) Does your organization plan to provide mpox vaccine administration, outreach, and/or purchase of vaccines with this funding?

### Effective Programmatic Approaches

1. Check the boxes for the effective programmatic approaches you will use in your proposal. Within your responses to each narrative question, describe how you will apply your selected approaches and how they will address the needs of your specified priority population. Please note that while you will not be scored based on how many you select, applications will receive a score for how well the selected approaches are applied throughout the narrative.



### **Demonstration Project Status**

1. (Unscored Question) Are you currently funded or were you previously funded by CDPH/OA for the HIV PrEP and PEP Navigator Project?
  - a. If yes, then only respond to question 2.
  - b. If no, then only respond to question 3.
2. If you were previously funded or are currently funded, how does this proposal differ from your previous/current PrEP and PEP navigator activities?
3. If you have not been previously funded, how will this project be distinct from your current PrEP activities?

### **Priority Population(s)**

1. Clearly list the priority population(s) your organization plans to serve.
2. If serving populations other than the priority populations listed in this RFA, provide local data to describe your rationale for selecting this priority population(s).
3. Describe how you're well-positioned to provide culturally appropriate services to your specified priority population(s).

### **Program and Community Engagement**

1. Describe current or planned innovative strategies to engage the priority population(s).
2. Describe how you will provide public health detailing to PrEP prescribers and their staff (including pharmacists).

### **PrEP and PEP Navigation**

1. Describe the resources and essential support services that you will provide to your clients.
2. Describe the PrEP navigator's role in providing PrEP and PEP navigation services (i.e. intake, PrEP and PEP initiation, adherence/follow-up, etc.).
3. Describe your existing or planned referral process and network between navigators and prescribers. When describing the referral processes, specify the referral types between network members (i.e. warm or in-person handoffs).
4. Describe your plan to assist clients with benefits navigation such as enrollment into public or private insurance or to access third party payers and patient assistance programs (i.e. Gilead PrEP payer assistance program, PrEP-AP, etc.).

### **PrEP and PEP**

1. Describe how you will provide PrEP in a timely manner (indicate whether you will provide same-day PrEP).
2. Describe how you will link clients to PEP. How will you transition them to PrEP?

3. Describe challenges with PrEP and PEP uptake among priority population(s) and how you will work with clients to address these challenges.

### **HIV/STI Testing**

1. Describe your proposed HIV/STI testing activities. Include description of the type of testing you plan to offer (i.e. routine opt-out, outreach, self-testing, 3-site testing, etc.), who will provide the tests, in what settings, and/or collaborations with HIV/STI testing sites, organizations, or local health departments.
2. Describe how you will link clients with HIV positive test results to care and clients with reactive STI tests to STI treatment (including doxy-PEP) and PrEP navigation services.

### **Pharmacies**

1. Describe your plans to strengthen or establish relationships with pharmacies to initiate and dispense PrEP and PEP to a HIV negative person without a prescription.

### **Staffing and Staff Training**

1. Describe your staffing plan for the project, including your plans to hire and/or reassign staff reflective of your priority population(s).
2. Describe your staff development and training plan.
3. Describe your plan to maintain project integrity in the event of staff turnover.

### **Organizational Capacity**

1. Describe your overall organizational capacity to implement this project (i.e. your organization size, staffing and/or reach into the community, etc.). If you plan to subcontract with an organization(s) or hire a consultant(s), then identify their roles and responsibilities in the project.

## **Part III: Additional Requirements, Evaluation, and Submission**

### **Submission of RFA Questions**

If, upon reviewing this RFA, a potential applicant has any questions regarding this RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the applicant shall immediately notify CDPH/OA in writing via e-mail to request clarification or modification of this RFA.

All such inquires shall identify the author, applicant name, address, telephone number, and e-mail address and shall identify the subject in question, specific discrepancy,

section and page number, or other information relative to describing the discrepancy or specific question.

Questions must be received by the time and date referenced in the Tentative RFA Timeline. Questions will be accepted via e-mail at [PrEPNavRFA@cdph.ca.gov](mailto:PrEPNavRFA@cdph.ca.gov).

All questions and CDPH/OA's responses will be posted and available on the CDPH/OA website referenced in the Tentative RFA Timeline. Specific inquiries determined to be unique to an applicant may be responded to via e-mail to the requestor only.

If a prospective applicant fails to notify CDPH/OA of any problem or question known to an applicant by the specified submission date, the applicant shall apply at their own risk.

Prospective applicants are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by CDPH/OA.

## Application Evaluation Process

Following the closing date for application submissions, CDPH/OA will evaluate each application to determine responsiveness to the RFA requirements. Applications found to be non-responsive at any stage of the evaluation for any reason may be rejected from further consideration. **Late applications will not be reviewed. Applicants that did not previously submit a LOI to apply by the specified date will not be reviewed.**

CDPH/OA may reject any or all applications and may waive any immaterial defect in any application. CDPH/OA's waiver of any immaterial defect shall in no way excuse the applicant from full compliance with grant terms if the applicant is awarded the grant. Although personnel budgets may be submitted with unfilled positions and noted as "to be determined," no changes in subcontractor or changes in staffing are allowed after a grant is awarded without CDPH/OA approval of a formal amendment. Please note that submitting budgets with 'to be determined' positions does not exempt the applicant from providing detail on specific services to be provided by the positions listed.

## Grounds For Rejection

CDPH/OA may, at its sole discretion, correct any obvious mathematical or clerical errors. CDPH/OA reserves the right to reject any or all applications without remedy to the applicant. There is no guarantee that a grant will be awarded after the evaluation of all applications if, in the opinion of CDPH/OA, none of the applications meet the RFA's criteria.

Circumstances that may cause an application package to be rejected include:

1. Applicant did not submit a Letter of Intent (LOI) by the deadline as required by this RFA.
2. The application is received after the deadline set forth in this RFA.

3. Applicant did not complete required forms and attachments as instructed in this RFA or as instructed in the attachments.
4. Applicant did not meet format or procedural submission requirements.
5. Applicant provides inaccurate, false, misleading information or statements.
6. Applicant is unwilling or unable to fully comply with proposed grant terms.
7. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
8. Applicant did not meet minimum qualifications set forth in this RFA.
9. Applicant did not use and/or modifies the Application Narrative Template or other provided attachments.

## Application Review Process

Applications that meet the format requirements and contain all the required forms and documentation will be submitted to an evaluation committee convened by CDPH/OA. The committee will assign numeric scores to each responsive application. Each application will be reviewed and scored based upon the quality and completeness of its response to California's needs, the likelihood of maximally reducing new HIV infections by engaging priority population(s) on PrEP and PEP and the requirements outlined in this RFA.

The evaluation and scores will constitute recommendations to CDPH/OA management. Final approval of awardees will be made by the CDPH/OA Division Chief.

## Instructions For RFA Submission

### Letter of Intent (LOI) – MANDATORY

Prospective applicants are required to submit the LOI to CDPH/OA indicating their intent to apply in response to this RFA. The LOI must be electronically signed by an official authorized to enter into a grant agreement on behalf of the applicant. A typed signature will suffice. An example of the language for the LOI may be:

“This letter confirms that [name of applying agency] intends to apply for PrEP Navigation Services funding.”

Upon submitting the LOI, CDPH/OA will send the applicant all required application attachments. The LOI must be sent via e-mail to [PrEPNavRFA@cdph.ca.gov](mailto:PrEPNavRFA@cdph.ca.gov).

Applicants that do not submit a LOI by the specified deadline are ineligible to apply for this RFA.

## Application Submission Requirements

The provided application attachments must be used when responding to the RFA. Do not reformat any of the templates. The size of the lettering must be at minimum 11-point, Arial font. Do not send application and attachments as one single PDF. All attachments should be sent back the same file format that they were provided.

Applicants intending to apply are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the requirements outlined in this RFA.

Applications are to be developed solely on the material contained in this RFA and any written addendum issued by CDPH/OA. The following is the order in which attachments in the application must be submitted.

A complete application package (Attachments 1-12) must be submitted. A brief description of each section to be included is given below:

1. **Attachment 1: Application Certification Checklist:** Complete the checklist. This sheet will serve as the guide to ensure that the application package is complete, and the required documents are organized in the correct order.
2. **Attachment 2: Application Cover Sheet:** Complete the application cover sheet. This sheet must be signed by an official authorized to enter into a grant agreement on behalf of the applicant.
3. **Attachment 3: Executive Summary (one page limit):** Include a one-page Executive Summary describing what you are specifically proposing to do with this funding.
4. **Attachment 4: Budget Guidance:** Full budget guidance, instructions, and complete descriptions of what each line item must include on completing the budget template (Attachment 5). ***Do not submit the budget guidance as part of your application.***
5. **Attachment 5: Budget Template (Excel Workbook):** Complete the Budget Template for Years 1 - 3.
6. **Attachment 6: Activities List (Excel Sheet):** Complete the pre-populated Activities List according to the instructions in the attachment.
7. **Attachment 7: Application Narrative Template:** Complete the Application Narrative Template covering the funding period from July 1, 2025 to June 30, 2028. The Application Narrative Template must include complete descriptions of the applicant's plan to carry out the requirements outlined in this RFA.

The following is a list of required forms to accompany all applications. Please note that all forms should have the same exact naming convention throughout, or they may not be accepted by the Contracts Management Unit. For example, if the licensed name of an agency is "Trinity Community Healthcare Center Inc.", all documents must include that full name and not a shorten version such as "Trinity Health".

8. **Attachment 8 (for local health jurisdictions only): Taxpayer ID Form – (CDPH 9083)**
9. **Attachment 9: Payee Data Record – (STD 204)**
10. **Attachment 10: Payee Data Record Supplement – (STD 205):** If applicable, this document is only required for applicants who want payment of invoices to be mailed to a different address than listed on the Payee Data Record (STD 204).

11. **Attachment 11: Funding Summary:** All applicants must complete the Funding Summary.
12. **Attachment 12: LHD Letter of Support:** All applicants must obtain a letter of support on county letterhead. If the applicant will provide services across multiple jurisdictions, the applicant must provide a Letter of Support from each jurisdiction where services will be provided. For example, if the applicant proposes to provide services in both San Bernardino and Riverside, they must obtain a Letter of Support from both counties. Please reach out to all applicable LHDs to obtain a signed letter(s) of support on county letterhead. Applicants who are LHDs may submit the letter themselves.

Applications that do not follow ALL of the requirements may be rejected from further consideration.

Availability of other funding will not affect the scoring of this RFA.

The cost of developing the application for this RFA is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

### Application Submission Instructions

Applications must be submitted via e-mail at [PrEPNavRFA@cdph.ca.gov](mailto:PrEPNavRFA@cdph.ca.gov) as referenced in the Tentative RFA Timeline.

### Notification of Intent to Award

Notification of the State's intent to award grants for the HIV Prevention PrEP Navigation Services funding will be posted on the CDPH/OA website by the date indicated in the Tentative RFA Timeline.

### Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDPH/OA and, as such, are subject to the Public Records Act (Government Code Section 6250, et. seq.). CDPH/OA shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, CDPH/OA shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (Privileged Official Record) and 1060 (Privileged Trade Secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

### Grant Awards Appeal Procedures

An applicant who applied and was not awarded a grant for funding may file an appeal with CDPH/OA. Appeals must state the reason, law, rule, regulation, or practice that the

applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:

- CDPH/OA failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.
- CDPH/OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent via email to [PrEPNavRFA@cdph.ca.gov](mailto:PrEPNavRFA@cdph.ca.gov) and must be received as referenced in the Tentative RFA Timeline. The Division Chief of CDPH/OA, or their designee, will then come to a decision based on the written appeal letter. The decision of the Division Chief of OA, or their designee, shall be the final remedy. Applicants will be notified of the appeal decision via e-mail within 15 business days of the receipt of the written appeal letter.

CDPH/OA reserves the right to award the grant when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDPH/OA.

## Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by CDPH/OA to award grants. CDPH/OA reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of the State to do so.

The award of a grant by CDPH/OA to an applicant that proposes to use subcontractors for the performance of work under the resulting funding shall not be interpreted to approve the selection of subcontractors. Subcontractors can only be added or changed after a grant is awarded with CDPH/OA approval of a formal grant amendment.

In the event a grant is entered into, but later terminated, CDPH/OA has the option to enter into a grant with the available entity or organization that had the next highest ranking in the evaluation process for completion of the remaining grant work.

In the case of any inconsistency or conflict between the provisions of the resulting grant, this RFA, addenda to this RFA, and an applicant's response, such inconsistencies or conflicts will be resolved by first giving precedence to the grant, then to this RFA, any addenda, and last to the applicant's response. CDPH/OA reserves the right, after grant award, to amend the resulting grant as needed throughout the term of the agreement to best meet the needs of all parties.

## Grant Obligations

The successful applicant must enter into a grant that may incorporate, by reference, this RFA as well as the application submitted in response to this RFA. It is suggested that applicants carefully review these awardee provisions for any impact on the application

and/or to determine if the applicant will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

A project kickoff meeting with CDPH/OA and selected awardees shall take place within 60 days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of next steps including, but not limited to, grant purposes, terms, budgets, timelines, and related issues.