



# **Request for Applications No. 24-10049**

April 10, 2024

California Department of Public Health (CDPH)

Office of AIDS (OA)

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## Part I: Funding Opportunity Timeline and Description

Table 1. Tentative Request for Applications (RFA) Timeline

Event	Date
<b>RFA release</b> <b>RFA available on CDPH/OA website:</b> <a href="#">Request for Application</a>	Wednesday, <b>4/10/24</b> by 5PM PST
<b>Pre-Application webinar</b>	Thursday, <b>4/18/24</b> at 2PM PST
<b>Deadline for submitting written questions</b>	Wednesday, <b>4/24/24</b> by 5PM PST
<b>Answers to written questions available on CDPH/OA website:</b> <a href="#">Request for Application</a>	Monday, <b>4/29/24</b> by 5PM PST
<b>Deadline to submit mandatory Letter of Intent (LOI)</b>	Thursday, <b>5/2/24</b> by 5PM PST
<b>Application submission deadline</b>	Thursday, <b>6/6/24</b> by 5PM PST
<b>Notice of intent to award released</b> <b>And available on CDPH/OA website:</b> <a href="#">Request for Application</a>	<del>Wednesday, 7/3/24</del> <b>Wednesday, 7/10/24</b> by 5PM PST
<b>Appeal deadline</b>	<del>Thursday, 7/11/24</del> <b>Wednesday, 7/17/24</b> by 5PM PST
<b>Anticipated contract start date</b>	Upon execution

### Purpose

Project Empowerment will reduce HIV transmission among the most underserved populations that are most disproportionately affected by HIV. As indicated by HIV surveillance data, the populations most vulnerable to HIV are Black/African American (AA) and Latinx. Project Empowerment recognizes the strength and resilience of Black/AA and Latinx communities and intends to build up and empower these diverse communities that have been underserved by existing HIV prevention and health care systems by leveraging resources to focus on serving these communities. Project Empowerment supports the strategic planning and implementation of innovative and culturally responsive programs that reduce health inequities, HIV related stigma, medical mistrust, and barriers to HIV prevention, care, and treatment services. Through trauma-informed care approaches, projects will advance community health and wellness while understanding the current and historical trauma that adversely impacts Black/AA and Latinx health outcomes.

**This funding aims to improve viral suppression among Black/AA and Latinx people with HIV (PWH), and to prevent HIV acquisition among Black/AA and Latinx people who are particularly vulnerable to HIV.** The intended outcomes include increasing knowledge of HIV status, increasing linkage to and retention in HIV care, increasing viral suppression, increasing

linkage to and uptake of preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP), and increasing access to harm reduction and/or syringe services programs.

Project Empowerment will support implementation of an array of evidence- and strength-based strategies that include biomedical and structural interventions tailored to the needs of Black/AA and Latinx people who may be vulnerable to HIV. CDPH/OA will take in to account the applicant's ability to effectively reach and serve these populations through the effective approaches [linked](#) within this RFA.

Health and Safety Code (HSC) Section [120780.5](#) establishes funding for the purposes of providing comprehensive HIV prevention and control activities to the most vulnerable and underserved individuals living with, or at high risk for, HIV infection. For the purposes of this RFA, those populations include Black/AA and Latinx. Priority subpopulations may include men who have sex with men (MSM), trans women, trans MSM, people who inject drugs (PWID), and cisgender women; however, CDPH/OA will consider other populations for which local data indicates a disproportionate impact by HIV.

*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 Black/AA and Latinx people as demonstrated by data. This also includes the advancement of existing programs or approaches that have been successful in serving Black/AA and Latinx people.*

## Activities

Funds should be allocated in a manner that balances the need to spread funding to as many awardees as possible and the need to provide meaningful activities to each recipient. Programs must use funding to improve comprehensive HIV **Prevention and Control Activities** including, but not limited to:

<b>Prevention and Control</b>	<b>1. HIV testing, including the purchase of test kits</b>
	<b>2. Linkage to and retention in care</b>
	<b>3. PrEP and PEP</b>
	<b>4. Syringe services programs and/or harm reduction activities</b>

In addition, funding will also be allocated toward the following **Organizational Activities**:

<b>Organizational</b>	<b>5. Community organization and outreach</b>
	<b>6. Staff capacity building</b>

**Note:** at least one of the four bolded **Prevention and Control Activities** above must be proposed in Tier 1 applications. For Tier 1 applications that include two or more proposed activities, applicants may choose any of the six activities listed above.

## Community Organization and Outreach

Community organizing is a process of bringing community members with lived experience together to build power and enact social change that is led by community members, *for* community members. Successful projects should engage the priority populations, develop leadership skills among individuals from priority populations, provide education about HIV prevention and racial health equity, and empower priority populations to use their collective power to influence policies, systems, and/or decision-making that affects their lives. Community organizing activities should also focus on HIV prevention, social determinants of health, and/or broader efforts to end the HIV, HCV, and STI syndemic in California.

Proposals with community organizing activities can be a standalone project or integrated with other existing HIV prevention and control activities. Proposals must demonstrate how new or reassigned staff will reach the priority populations. Funding may be used for community organization and outreach activities to build capacity needed to serve Black/AA and/or Latinx populations.

## Staff Capacity Building

Positions funded by this award may be either full-time or a percentage of a full-time employee (FTE). In addition to funding staff time, you may include in their application a plan to build, increase or improve organizational and/or staff capacity to assist in serving Black/AA and/or Latinx populations.

Successful projects will already serve Black/AA and/or Latinx people and aim to increase access to HIV prevention services. Projects will invest in the development and care of staff that serve and/or reflect the priority population.

The success of empowering and building up staff strengthens a project's ability to fulfill its mission over time, thereby enhancing the ability to have a positive impact on the lives of Black/AA and/or Latinx populations.

Awardees may conduct the following activities but are not limited to 1) hire and/or reassign staff that are reflective of the priority populations, 2) provide staff care activities, 3) support staff development and training, and 4) build organizational capacity to serve Black/AA or Latinx people and communities. Other considerations may include providing cultural humility training to staff to build skills in serving Black/AA and Latinx communities or providing implicit bias training to hiring staff to ensure equitable hiring practices. Applicants should discuss how they will invest in the effectiveness and future sustainability of the agency to address the needs of Black/AA and/or Latinx populations.

## Background

Research finds that retaining PWH in care to achieve viral suppression is the most efficacious strategy for reducing HIV incidence. Meanwhile, with the emergence of various new evidence-informed HIV prevention interventions over the last several years, researchers and providers have come to recognize that no single approach aimed at increasing viral suppression is sufficient to control HIV, and that even the most effective interventions are not likely to succeed if they are delivered in isolation. Rather, they should include a combination of prevention strategies that encompass prevention and care, and include biomedical, behavioral, and structural interventions. Components that address cultural, social, economic, and other factors such as stigma and intimate partner violence, which directly influence HIV prevention and transmission, are also a valuable part of an overall strategy.

Based on 2021 surveillance outcomes and population size, CDPH/OA has determined that Black/AA and Latinx populations are the most underserved. California's 2021 HIV Surveillance Report and Supplemental tables can be viewed on the [CDPH/OA website](#).

### Eligible Applicants

CDPH/OA shall award funding, on a competitive basis, to provide comprehensive HIV prevention and control activities for the most vulnerable and underserved individuals living with, or vulnerable to HIV. Applications will be scored using a standard scoring tool. Applicants must demonstrate that they have the organizational capacity to fulfill the Request for Applications (RFA) program and administrative requirements, including the expertise, history, and credibility to successfully reach and engage Black/AA and Latinx people.

Applicants may include individual community-based organizations (CBOs) and local health jurisdictions (LHJs), as well as collaborations between CBOs and LHJs. Eligible applicants include: 1) any LHJ in California, and 2) any CBO located within any LHJ in California. Agencies that provide health care and/or linkage services may also apply; examples include Federally Qualified Health Centers (FQHCs), other community clinics, hospital emergency departments, other facilities where medical care is provided, and other government bodies. Applicants located in any county are eligible to receive funding. Not less than 50% of the total funds awarded in this RFA shall be provided to CBOs.

Applicants that intend to partner with another agency to provide medical care or any of the other required activities must describe how services will be delivered. Client referrals should include warm handoffs and must be followed by confirmation of linkage and service delivery. In addition, for reporting and evaluation purposes, CBOs must have a strong working relationship with their local county health department. CDPH/OA welcomes multi-jurisdictional applications.

Please note: As required by California law, business entities must be in good standing and qualified to do business in California, including applicants that have concurrent or prior contract/grant relationships with CDPH/OA. CDPH/OA will consider any prior letter of correction or written notice of breach sent to applicant, or inadequate performance in its decision to award.

## Award Period

State General Fund local assistance in the amount of \$4.5 million annually, approved on an on-going basis, allows for the establishment of innovative HIV prevention and control activity-based projects.

The terms of the resulting contracts will be four 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, 2024 – June 30, 2025
- Year 2: July 1, 2025 – June 30, 2026
- Year 3: July 1, 2026 – June 30, 2027
- Year 4: July 1, 2027 – June 30, 2028

Awardees are not authorized to begin work until the agreement is finalized. Work conducted outside the effective start and end date of the agreement will not be eligible for reimbursement. All funding is contingent on the availability and continuation of State General Funds allocated for this purpose, as stated in California HSC [120780.5](#).

## Part II: Awards and Requirements

The awards granted through this RFA will be categorized based on two different “tiers” specifically focusing on Black/AA and Latinx communities. Requirements include, but are not limited to:

- Using local data, applicants must demonstrate how they know this population is underserved in their jurisdiction.
- Using their agency’s data, applicants must demonstrate that they are capable of effectively serving the priority population (ex: testing positivity rate, linkage and retention rates for clients, # of PrEP and PEP referrals, % of syringe services program (SSP) clients who represent priority populations).
- Programs must be new, innovative, and demonstrate how they will be effective in serving the priority population.

**Tier 1 projects** will focus on **at least one** of the bolded **Prevention and Control Activities** (HIV testing, LTC, PrEP and PEP or harm reduction and SSPs) but may also propose **Organizational Activities** (community organization and outreach or staff capacity building). **Tier 2 projects** will focus on **Organizational Activities only** (*either* staff capacity building **or** community organization and outreach).

CDPH/OA will award 17 awards in total. Applicants **may only apply for one** of the following award tiers and annual award amounts:

- Tier 1A – three \$250K awards
- Tier 1B – three \$350K awards
- Tier 1C – three \$500K awards
- Tier 2 – eight \$150K awards

Table 2. RFA Award Tiers and Allocations

Tier	Sub-Tier	# of awards	Award amount	Requirements	Mpox Vaccine Administration
<b>Tier 1:</b> <b>Prevention and control activities</b>	<b>1A</b>	<b>3</b>	<b>\$250K awards</b>	Must demonstrate how they will improve outcomes related to <b><u>one</u></b> of the bolded <b>Prevention and Control Activities</b> in the “Purpose” section above. <b>One activity total. May use up to 10% of award on new media.</b>	CBOs and FQHCs will be eligible for reimbursement for mpox vaccine administration and vaccine outreach/education activities. Costs related to these activities should be factored accordingly into proposed budgets.
	<b>1B</b>	<b>3</b>	<b>\$350K awards</b>	Must demonstrate how they will improve outcomes related to <b><u>one</u></b> of the bolded <b>Prevention and Control Activities</b> in the “Purpose” section above, plus <b>one additional activity</b> of your choice. <b>Two activities total. May use up to 10% of award on new media.</b>	CBOs and FQHCs will be eligible for reimbursement for mpox vaccine administration and vaccine outreach/education activities. Costs related to these activities should be factored accordingly into proposed budgets.
	<b>1C</b>	<b>3</b>	<b>\$500K awards</b>	Must demonstrate how they will improve outcomes related to <b><u>one</u></b> of the bolded <b>Prevention and Control Activities</b> in the “Purpose” section above, plus at least <b>two additional activities</b> of	CBOs and FQHCs will be eligible for reimbursement for mpox vaccine administration and vaccine outreach/education activities. Costs related to these activities should

				your choice. <b>Three or more activities total. May use up to 10% of award on new media.</b>	be factored accordingly into proposed budgets.
<b>Tier 2:</b>  <b>Staff capacity building</b>  <b>OR</b>  <b>Community organization and outreach</b>	<b>N/A</b>	<b>8</b>	<b>\$150K awards</b>	<b>Staff capacity building awards</b> must demonstrate how new or reassigned staff will reach the priority populations. Funding may be used to hire and or re-assign staff to provide HIV prevention services to build capacity needed to serve Black/AA and/or Latinx populations. <b>May use up to 10% of award on new media.</b>  <b>OR</b>  <b>Community organization and outreach awards</b> must demonstrate how new or reassigned staff will reach the priority populations. Funding may be used to community organization and outreach activities to build capacity needed to serve Black/AA and/or Latinx populations. <b>May use up to 10% of award on new media.</b>	CBOs and FQHCs will be eligible for reimbursement for mpox vaccine administration and vaccine outreach/education activities. Costs related to these activities should be factored accordingly into proposed budgets.
<b>Totals:</b>	<b>N/A</b>	<b>17</b>	<b>\$4.5M</b>	<b>N/A</b>	

## Budget

The Budget Template (Attachment 5) must be completed using the Budget Guidance (Attachment 4). The Budget Template must explain all expenses included as instructed in the budget guidance. Applicants are responsible for ensuring the calculations in the budget are accurate. There will be no reimbursement of pre-award costs. If awarded, projects will not receive funding up front, but will be reimbursed via a monthly or quarterly invoicing process to be determined by the awardee. CDPH/OA reserves the right to deny requests for any item listed in the budget that is deemed to be unnecessary for the implementation of the project.

Funds from these awards may be used for most costs associated with planning, implementing, and evaluating Project Empowerment, including the activities listed in this RFA. Examples of allowable expenses include, but are not limited to, the following:

- Staff time, rent, training, transportation, and some costs related to medical care and treatment (note that, as these are demonstration projects, awardees should make every effort to follow the “payer of last resort” model when consuming funds for medical care and treatment)
- Medical staff time, blood draws, lab work, and prescription medication starter packs
- At least 10% of the applicant’s budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control.
- New media is allowable for \$500K, \$350K and community organizing and outreach awards but is capped at 10%.
- CBOs and FQHCs will be eligible for reimbursement for mpox vaccine administration and vaccine outreach/education activities. Costs related to these activities should be factored accordingly into proposed budgets.

\*Awardees may budget up to 10% of their award for the development of new media (e.g., funding capacity building for staff to learn how to develop social media campaigns on TikTok or Instagram to increase outreach to priority populations for HIV prevention). For full budget details, please refer to the Budget Guidance document.

## Monitoring and Evaluation

At least 10% of the project budget must be allocated to evaluation activities. Any projects that provide direct services with these funds (i.e., testing, linkage to care, PrEP, etc.) will be required to include data collection, entry, management, monitoring, and quality control in their evaluation plan. Both quantitative and qualitative evaluation will be required for projects that provide direct services.

Projects that do not provide direct services with these funds (i.e., staff development or community organizing) will be required to provide ongoing qualitative evaluation. 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 contract period.

Projects providing direct services 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 contract period (i.e., staff capacity and experience, data system resources). All projects must provide qualitative narrative will be required to attend quarterly meetings to share best practices, discuss challenges and successes.

## Tier 1 Awards

This section includes an overview of programmatic objectives and activities and required approaches for Tier 1 projects. Applicants must describe program goals and proposed activities to implement a project designed to provide innovative approaches and direct services to the proposed priority population(s).

Tier 1 project services initiatives are intended to provide services and activities to Black/AA and Latinx people including, but not limited to, HIV testing, linkage to and retention in care, PEP and PrEP, and SSPs and/or related harm reduction activities.

## Project Objectives

1. Increase the number of Black/AA or Latinx people who know their serostatus
2. Increase the number of Black/AA or Latinx people who are vulnerable to HIV on PrEP
3. Increase the number of AA/Black or Latinx people newly diagnosed with HIV who are rapidly linked to HIV medical care (within five days of HIV diagnoses)
4. Increase the number of newly HIV diagnosed Black/AA or Latinx people who are virally suppressed within six months of diagnosis
5. Increase the number of Black/AA or Latinx people with diagnosed HIV infection who are virally suppressed

*Note that the objectives of each individual funded project will vary depending on the activity(ies) they select.*

## Project Activities

Applications for each of the award amounts for Tier 1 (\$500k, \$350k, and \$250k) must include, but are not limited to, at least of **one** of the following **Prevention and Control Activities**:

1. HIV testing, including the purchase of HIV test kits
2. Linkage to and retention in care for PWH
3. PrEP-related and PEP-related activities
4. SSPs and/or harm reduction activities

### Required Approaches

Tier 1 applicants will be required to include the following approaches in their project proposals. For full definitions of required approaches, visit our website to see “[Effective Approaches for HIV Programs](#).” Required approaches for this RFA include:

- Benefits counseling and navigation
- Comprehensive sexual health education
- Harm reduction
- Health and wellness
- Health equity approach
- Innovative testing strategies
- Involvement of the priority population in service delivery
- Safe and secure program environment
- Social networks
- Status neutral approach
- Syndemic approach
- Telehealth
- Trauma-informed practices

### Tier 1 Questions

***Tier 1: Respond to all questions in the Priority Population(s), Required Approaches and Innovation sections listed below.***

#### *Priority Population(s)*

1. Identify all priority population(s) you will serve and provide an estimated number of people from each population to be served yearly by your project.
2. Provide local data that describes your rationale for selecting this priority population(s) as your focus.
3. Describe your experience with reaching and engaging your priority population(s). How will this make you a good fit for this project? Please include any relevant data that demonstrates that you are capable of serving your proposed population(s).

#### *Required Approaches*

1. Describe how benefits counseling and navigation services will be provided to clients.
2. Describe how you will provide comprehensive sexual health education for folks of any age group, when appropriate.

3. How are the principals of harm reduction incorporated to your services and how you treat clients?
4. How is the health and wellness approach incorporated into your services?
5. Describe how your organization uses a health equity approach to serving your clients.
6. Describe how your testing strategies are innovative (include testing for HIV, HCV and/or STIs).
7. Describe how your priority populations will be involved in the planning and implementation of service delivery.
8. Describe how you will create a safe and secure program environment for your clients.
9. How will you use social networks to improve outreach or service delivery?
10. Describe how your approach to providing services will be status neutral.
11. Describe how your organization uses a syndemic approach to the services you provide.
12. Describe how telehealth will be incorporated into your service delivery.
13. Describe how your practices and services are trauma-informed.

#### *Innovation*

1. Describe what makes your proposed project innovative, and how it will be distinct without duplicating services.

#### ***Tier 1: Respond to at least one of the Prevention and Control Activities listed below.***

#### *HIV Testing*

1. Provide an overview of your testing proposal, including the type of HIV testing you will offer, (i.e., routine opt-out, outreach, self-testing, etc.), who will provide the tests and in what setting(s).
2. How will you determine who to test?
3. What challenges do you face with testing your priority population(s) and how will you overcome them?
4. Describe your process for linkage to PrEP for those that test negative.
5. Describe your process for linkage to care for those who test positive.
6. Describe your process for reaching out to test partners of clients who test positive for HIV.

#### *Linkage to and Retention in Care*

1. Describe your process for linkage to care including how long it takes you to link someone to care.
2. What challenges do you face with linkage to care for your priority population(s) and how will you overcome them?
3. How will you address the challenges of retaining people in care to ensure that they achieve viral suppression?
4. How will you identify HIV-positive clients who have fallen out of care and then reengage them in care?

5. Describe how you will link uninsured or underinsured clients to benefits and refer them to essential support services (i.e., benefits navigation and enrollment, mental health and substance use services, housing, transportation, employment services, etc.).

#### *PEP and PrEP*

1. Describe how you will screen, assess, and refer people to PrEP.
2. How will you promote PrEP to clients who may benefit from it (e.g., social media, outreach events, etc.)?
3. How long does it take you to link someone to PrEP? (i.e., same day medication in hand vs. prescription)
4. Describe the challenges that exist with PrEP uptake among your priority population(s) and how you will overcome these challenges.
5. Describe your process for providing or linking someone to PEP for people who may have had a possible exposure to HIV within the last 72 hours. How will you transition them to PrEP?

#### *Syringe Services and Related Harm Reduction Activities*

1. Describe how your SSP or harm reduction program tailors services to increase access to services for Black/AA and or Latinx PWID.
2. What innovative practice will you implement to serve your priority population(s)?
3. Describe SSP's syringe distribution policy (i.e., needs-based or limited) and the justification for the exchange policy.
4. Describe any leadership, training, and employment opportunities you have for people who use drugs.
5. Describe how staff members are trained to provide education and treatment referral for significant drug user health issues, including overdose risk, viral hepatitis, abscess prevention and wound care.
6. Describe how staff, including any subcontractors and consultants, possess the training, skills, and experience consistent with the needs of the project.

#### ***Tier 1: Respond to all questions in the Staffing and Staff Training, Project Capacity, and Monitoring and Evaluation sections listed below.***

#### *Staffing and Staff Training*

1. Describe your staffing plan, including your plans to hire and/or reassign staff that represent your priority populations.
2. Describe how your staff will provide services that are culturally, linguistically, developmentally and age appropriate.
3. How will you 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.). Include any organization(s) that you will subcontract with and your relationship with them.

2. Describe the organization's administrative systems and accountability mechanisms for contract management, including reporting.

#### *Monitoring and Evaluation*

1. Describe available staff, or plans to hire or reassign staff, that will facilitate all evaluation activities and requirements to be initiated and implemented continuously throughout project duration. Requirements include using LEO, a web-based, OA-provided data application and OA data collection forms which are available online and must be printed by project awardees.
2. Describe your plan to enter data into the OA-provided data application in a timely manner. Describe contingency plans to address anticipated delays in implementation of evaluation activities (i.e., gaining access for data entry, hiring of staff, etc.).

#### *Tier 2 Awards*

#### *Staff Capacity Building*

#### *Project Objectives*

1. Increase staff available to provide culturally appropriate HIV prevention services to Black/AA and Latinx populations.
2. Provide staff care activities that are trauma-informed, culturally appropriate and promote a safe work environment.
3. Provide opportunities for staff growth and development that empower the individual to better serve Black/AA or Latinx populations, as well as equip them with the necessary skills for career advancement.
4. Develop and create sustainable organizational capacity to address the gaps that exist in serving Black/AA and Latinx populations.

*Note that the objectives of each individual funded project will vary depending on the activity(ies) they select.*

#### *Project Activities*

Staff capacity building applications must describe how the applicant will provide the following activities:

1. Staff recruitment
2. Staff care activities
3. Staff development and training
4. Organizational capacity building

## Staff Capacity Building Questions

### *Priority Population(s) Served and Staff Demographics*

1. Identify all priority population(s) you currently serve and provide an estimated number of people from each population to be served yearly by your project.
2. Describe your current ability to serve your priority population(s), including your staff's personal and professional experiences, and how this project will expand your ability to reach and engage your priority population(s).
3. How do your staff demographics compare to the population(s) you serve?

### *Staff Recruitment*

1. Describe your staffing plan, including your plans to hire and/or reassign staff that represent your priority populations.
2. How will hiring or reassigning staff fill existing gaps in service delivery?
3. Describe how your staff will provide services that are culturally, linguistically, developmentally and age appropriate. Include any plans to provide staff training.
4. How will you maintain project integrity in the event of staff turnover?

### *Staff Care Activities*

1. Describe how you will provide a safe and secure work environment.
2. Describe how you will provide a trauma-informed approach in caring for staff.
3. Describe how you will apply cultural humility approaches to working with staff.
4. Describe what support services you offer to staff (i.e., housing instability, health and retirement benefits, mental health and counseling services).
5. Describe how you will address staff burnout.
6. Describe any additional activities you will use to sustain and support staff.

### *Staff Development and Training*

1. Describe how you will provide opportunities for staff development, including any training plans for new and/or reassigned staff.
2. Describe how you will identify leadership development opportunities for staff.

### *Organizational Capacity Building*

1. Describe, in detail, all capacity building activities you will conduct and how these activities will result in increased organizational capacity to serve your priority population(s) (i.e., development of grant writing skills, project management, strategic planning, program development).
2. Describe your overall organizational capacity to implement this project (i.e., your organization size, staffing and/or reach into the community, etc.). Include any organization(s) that you will subcontract with and your relationship with them.
3. Describe the organization's administrative systems and accountability mechanisms for contract management, including reporting.

### Monitoring and Evaluation

1. Describe available staff, or plans to hire or reassign staff, that will facilitate all evaluation activities and requirements to be initiated and implemented continuously throughout project duration.
2. Describe contingency plans to address anticipated delays in implementation of evaluation activities (i.e., gaining access for data entry, hiring of staff, etc.).

### Community Organization and Outreach

#### Project Objectives

1. Bring individuals from priority populations together to uplift their lived experiences and collective voices/power.
2. Build knowledge and skills among individuals from priority populations as leaders in health equity and social justice.
3. Empower individuals from priority populations to enact changes in policies, systems, or decision-making related to HIV prevention via initiatives, campaigns, and/or other outreach efforts.

*Note that the objectives of each individual funded project will vary depending on the activity(ies) they select.*

#### Project Activities

Awardees may conduct the following community organizing activities, but are not limited to:

- Engaging and recruiting a group of people from priority populations or communities most impacted by HIV and connecting them to community organizing activities in the proposal.
- Developing innovative and culturally relevant community engagement strategies based on the cultural strengths of priority populations.
- Partnering with organizations serving priority populations to engage and recruit individuals from priority populations and/or collaborate on other community organizing activities.
- Building knowledge among priority populations about effective HIV prevention and the historical, social, and political contexts of HIV (i.e., stigma, LGBTQ+ rights, consumer rights, historical HIV outreach efforts, etc.).
- Building knowledge among priority populations about racial health equity and social justice topics such as intersectionality, racism, structures of white supremacy and capitalism, systems thinking, decolonization, social determinants of health, healing, etc. and how it relates to HIV prevention.
- Providing leadership development opportunities to build knowledge and skills in individuals of priority populations.

- Developing and implementing HIV prevention outreach and campaigns that are designed and led by priority populations.
- Developing and implementing peer-to-peer campaigns that uplift community knowledge and leadership to promote consumer rights and protect the health and safety of priority populations.
- Developing and implementing campaigns that raise awareness for resource allocations toward sustained efforts to end the HIV, HCV, and STI syndemic.
- Developing and implementing community-led initiatives for policy and systems change that advance HIV prevention.
- Hiring community organizers and/or building staff capacity to conduct community organizing activities.

## Community Organization and Outreach Questions

### *Priority Populations and Staff Demographics*

1. Identify the priority population(s) that your organization plans to serve. Describe your organization's experience in reaching and organizing the identified priority population.
2. Describe how staff are representative of priority population(s) served. Include a description of your staff's cultural knowledge, lived experience, and/or professional experience in working with the identified priority population.

### *Community Engagement*

1. Describe your plans for engaging and recruiting individuals from priority population(s). How will you ensure that your engagement strategies are culturally relevant to the priority population(s)?
2. Describe your plans for building knowledge among priority populations around HIV prevention (including its historical, social, and political contexts) and/or racial health equity and social justice topics.
3. How will you develop and support the leadership of individuals from priority populations?
4. How will you create a safe and secure program environment for priority populations to discuss their lived experiences?

### *Community Organization and Outreach Efforts*

1. Describe your planned activities on developing and implementing HIV prevention initiatives, campaigns, and/or outreach efforts. How will you ensure that these activities are designed and led by individuals from priority population(s)?
2. How will your proposed community organizing activities address needs or gaps in social determinants of health (i.e., housing, healthcare access, socioeconomic status, mental health and substance use, stigma, etc.)?
3. What outcomes do you plan to achieve from the proposed community organizing activities?

4. Often, community organizing work can feel heavy. What are your plans to facilitate rest, self-care, and healing for staff as well as the individuals from priority populations engaged in your work?

#### *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.). Include any organization(s) that you will subcontract with and your relationship with them.
2. Describe the organization's administrative systems and accountability mechanisms for contract management, including reporting.

#### *Monitoring and Evaluation*

1. Describe available staff, or plans to hire or reassign staff, that will facilitate all evaluation activities and requirements to be initiated and implemented continuously throughout project duration.
2. Describe available data collection/reporting tools and systems you will use to track and measure outcomes of your planned activities.

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

#### Questions and Application Evaluation Process

If upon reviewing this RFA, a potential applicant has any questions regarding the 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 inquiries 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/inquiries must be received by the time and date referenced in the Tentative RFA Timeline. Questions will be accepted via e-mail at the following address.

**E-mail Address:** [ProjectEmpowerment@cdph.ca.gov](mailto:ProjectEmpowerment@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 will 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 date indicated in this section, 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 will be rejected from further consideration. Late applications 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 the contract terms if the applicant is awarded the contract. Although personnel budgets may be submitted with unfilled positions noted as "to be determined," no changes in subcontractors or changes in staffing are allowed after a contract is awarded without CDPH/OA approval of a formal contract amendment. Please note that submitting budgets with "to be determined" positions will 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 applicants. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of CDPH/OA, none of the applications meet California's needs.

Circumstances that will cause an application package to be deemed non-responsive include:

- a) Applicant failed to submit the LOI by the deadline required by this RFA.
- b) The application is received after the deadline set forth in this RFA.
- c) Applicant failed to complete required forms and attachments as instructed in this RFA or as instructed in the attachments.
- d) Applicant failed to meet format or procedural submission requirements.
- e) Applicant provides inaccurate, false, or misleading information or statements.
- f) Applicant is unwilling or unable to fully comply with proposed contract terms.
- g) Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
- h) Applicant does not meet applicant qualifications set forth in this RFA.
- i) Applicant does not use and/or modifies the Application Narrative Template or other provided attachments. **Note: Attachment 11 may be modified if submitting the Funding Summary portion separate from the Letter of Support.**

## Application Review

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. The applications will be evaluated in each category based upon the quality and completeness of its response to California's needs, including but not limited to, the likelihood of maximally improving the health and well-being of PWH, and RFA requirements.

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

### Instructions for RFA Submission

#### **LOI – MANDATORY – date and time as referenced in the Tentative RFA Time Timeline**

Prospective applicants are required to submit the LOI to CDPH/OA indicating their intent to apply in response to this RFA. **Applicants may indicate interest in more than one award in their LOI, however, ultimately, they may only apply for one award.** The LOI must be electronically signed by an official authorized to enter into a contractual 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 Tier 1A or Tier 2 Project Empowerment funding.”*

Upon submitting the LOI, CDPH/OA will send the applicant all required application attachments. The LOI must be sent via e-mail to the following address. Applicants that fail to submit the LOI by the specified deadline are precluded from applying.

**E-mail Address:** [ProjectEmpowerment@cdph.ca.gov](mailto:ProjectEmpowerment@cdph.ca.gov)

### Application Submission Requirements

The provided application templates must be used when responding to the RFA. Do not reformat any of the templates. **Attachment 11 may be modified if submitting the Funding Summary portion separate from the Letter of Support.** The size of the lettering in the Application Narrative Template (Attachment 7) must be at minimum 11-point, Arial font. Do not send application and attachments as one single Portable Document Format (PDF). All attachments should be sent back in the same file format 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 sections in the application must be submitted. A complete application package (Attachments 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11 - excluding Attachment 4) must be submitted. A brief description of each attachment is as follows:

- a) Attachment 1: Application Certification Checklist: Complete the checklist. This sheet will serve as the guide to ensure the application package is complete, and the required documents are organized in the correct order.
- b) Attachment 2: Application Cover Sheet: Complete the application cover sheet. This sheet must be signed by an official authorized to enter into a contractual agreement on behalf of the applicant.
- c) Attachment 3: Executive Summary (one page limit): Include a one-page Executive Summary of the proposed project and how it will be integrated with your current activities.
- d) 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.**
- e) Attachment 5: Budget Template (Excel workbook): Complete the Budget Template for each funding period. The terms of the resulting contracts will be four fiscal years in duration. Funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in California HSC 120780.5.
- f) Attachment 6: Activities List (Excel sheet): Complete the pre-populated Activities List in the Excel sheet provided according to the instructions in the attachment. All cells must be completed for each activity being proposed.

The budget descriptions of services, duties, etc. found in the Budget Template (Attachment 5) must explain and justify both program services funded by other funding and those, if awarded, funded by this contract. The personnel line item must list each position that is associated with this program. Include a brief explanation of each position's major responsibilities, and the time allocation to be funded by the contract, resulting from this RFA. For the operating expenses category, provide a general description of expenses included in the budget line item. Proposed consultants must indicate the number of contracted hours and costs associated with hiring a consultant for the project. All subcontractor(s) shall be listed by name and address in the application.

Note: These funds may not be used to pay for clinical care or other services that can be billed to third-party payers.

- g) Attachment 7: Application Narrative Template: Complete the Application Narrative Template covering funding period July 1, 2024, through June 30, 2028. The Application Narrative Template must include complete descriptions of your plan to carry out the requirements outlined of this RFA.
- h) Required Forms/Documentation: The following is a list of required forms/documentation to accompany all applications as attachments. Please note that all forms must have the same exact naming convention throughout, or they will 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”.

- i. Attachment 8 (**for local health jurisdictions only**): Taxpayer ID Form – (CDPH 9083)
- ii. Attachment 9: Payee Data Record – (STD 204)
- iii. Attachment 10: Payee Data Record Supplement – (STD 205)
- iv. Attachment 11: Local Health Department (LHD) Funding Summary and Letter of Support: All applicants must complete the LHD Letter of Support form to be eligible to apply. Please reach out to your LHD for signature and acknowledgement of your application. Applicants who are LHDs may complete the form themselves and submit. 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. **This form may be modified if submitting the Funding Summary portion separate from the Letter of Support. Do not change the language within this document.**

Applications that fail to follow any of the requirements will 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 to the following address as referenced in the Tentative RFA Timeline.

**E-mail Address:** [ProjectEmpowerment@cdph.ca.gov](mailto:ProjectEmpowerment@cdph.ca.gov)

### Notification of Intent to Award

Notification of the State’s intent to award contracts for these demonstration projects 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 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.

### Contracts Award Appeal Procedures

Any applicant who applied and was not awarded a contract 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 regarding the evaluation or selection process. There is no appeal process for applications submitted late or incomplete. Appeals shall be limited to the following grounds:

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

CDPH/OA reserves the right to award the contract 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 contracts. CDPH/OA reserves the right to reject any and all applications, or to cancel this RFA if it is in the best interest of CDPH/OA to do so.

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

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

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an applicant’s response, such inconsistencies or conflicts

will be resolved by giving precedence in the following order: (1) the contract, (2) the RFA, (3) any addenda, and (4) the applicant's response.

CDPH/OA reserves the right, after contract award, to amend the resulting contract as needed throughout the term of the contract to best meet the needs of all parties.

### **Contract Obligations**

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

Individual meetings with CDPH/OA and each selected awardee shall take place within 60 calendar days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of contract purposes, terms, budgets, timelines, and related issues.