



**California Department of Public Health  
Center for Infectious Diseases  
Office of AIDS, Care Branch**

**Ryan White HIV Care Program  
Request for Application  
RFA# 21-10947**

**Date RFA Released- May 6, 2022**

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## A. Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), receives funding from the Health Resources and Services Administration (HRSA) to administer the Ryan White HIV/AIDS Program (RWHAP) Part B. The RWHAP is authorized and funded under Title XXVI of the Public Health Services Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). The RWHAP Part B assists States and Territories in developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income persons living with HIV (PLWH).

The HIV Care Branch at OA administers the RWHAP-funded HIV Care Program (HCP) and is responsible for the delivery of HIV care and support services for PLWH. The goals of the HIV Care Branch are to (1) reduce the number of HIV infections, (2) increase access to quality of care, and (3) reduce HIV/AIDS related health disparities. These goals are consistent with the National HIV/AIDS Strategy goals. HCP is part of a comprehensive system of care that includes HIV medical care and essential support services for PLWH who are low income and uninsured or underinsured. In California, PLWH whose annual income does not exceed 500 percent of the Federal Poverty Level (FPL) based on family size and household income are eligible for HCP services. HCP services are provided by health departments and community-based organizations (CBO).

## B. Purpose

The purpose of this Request for Application (RFA) is to fund one Eligible Entity (EE) to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income and uninsured or underserved persons living with HIV in the three-county service area of Shasta, Tehama, and Trinity Counties. The EE will obtain funding from OA to administer allowable HCP core medical and/or support services listed in Table 1 and described in detailed in HRSA's [Policy Clarification Notice \(PCN\) 16-02](#) to reduce health disparities and improve client health outcomes, including viral suppression. PCN 16-02 defines and provides program guidance for allowable core medical and/or support services. HCP funds may be used only for persons determined to meet medical and financial eligibility requirements outlined in the "Program Requirements" section of this RFA. HCP funds may not be used for items or services that are eligible for coverage by another payer (e.g., private health insurance, other State and/or Federal programs). This RWHAP provision is commonly referred to as the "payer of last resort" requirement.

**Table 1: Allowable RWHAP Core Medical and Support Services**

Core Medical Services	Support Services
Early Intervention Services	Child Care Services
Health insurance Premium and Cost Sharing Assistance for Low-Income	Emergency Financial Assistance
Home and Community-Based Health Services	Food Bank/Home Delivered Meals
Home Health Care	Health Education/Risk Reduction
Hospice	Housing
Medical Case Management, Including Treatment Adherence Services	Legal Services
Medical Nutrition Therapy	Linguistic Services
Mental Health Services	Medical Transportation Services
Oral Health Care	Non-Medical Case Management
Outpatient/Ambulatory Health Services	Other Professional Services (including legal services)
Substance Abuse Outpatient Care	Outreach Services
	Psychosocial Support Services
	Rehabilitation Services
	Respite Care
	Substance Abuse Services (residential)

The EE is not required to fund or provide all of the allowable core medical and support services. The EE must take into account what is needed by the eligible population in the service area and consider the existing services in the community when determining what allowable core medical and/or support services to fund. Existing services may include, but are not limited to, other local and state HIV programs. The EE can request to update the proposed allowable services during the grant period if there is a change to the need of eligible population and/or if additional HIV services become available and/or unavailable. The changes, if any, must be approved by OA.

### C. Epidemiologic Description

The *California HIV Surveillance Report 2019* provides statistics on PLWH throughout California. The table below shows (1) the total number of people living with HIV in Shasta, Tehama, and Trinity Counties, (2) the number and percent of PLWH who are in medical care, and (3) the number and percent of PLWH who are virally suppressed. To [view the full report](#), go to [www.cdph.ca.gov/programs/cid/doa/pages/oa\\_case\\_surveillance\\_reports.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_case_surveillance_reports.aspx).

**Table 2: Continuum of HIV care for persons living with diagnosed HIV infections as of December 31, 2019 – Shasta, Tehama, and Trinity Counties**

Persons living with diagnosed HIV infection	In Care	Virally Suppressed
288	235 (81.6%)	199 (69.1%)

The table below shows (1) the number of clients who received one or more HCP services during 2019 in in Shasta, Tehama, and Trinity Counties, (2) the number and percent of clients who were enrolled in Medi-Cal, Medicare, and/or private insurance, and (3) the number and percent of clients who are virally suppressed.

**Table 3: Clients Served by the HIV Care Program during Calendar Year 2019- Shasta, Tehama, and Trinity Counties**

Total Clients Served	Clients with Insurance	Virally Suppressed
123	103 (83.7%)	92 (74.8%)

#### D. Award Summary

The anticipated start of the grant is ~~July 4, 2022~~ **July 25, 2022**, or as soon as the final agreement between CDPH OA and the selected EE is fully executed, whichever occurs later. The anticipated end of the grant is March 31, 2024. OA will determine funding allocation using the existing HCP formula. Based on the EE’s performance and availability of federal funds, a new grant will be executed for an additional five-year term. The anticipated HCP amount to be awarded to one EE in the service area is approximately \$233,100 for HCP activities for Year One, and it is anticipated this will be the same award for Year Two. The awardee is not authorized to begin work until the agreement is fully executed. 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 federal funds allocated for the delivery of HCP activities.

#### E. Eligible Entity

Funding is to be awarded to one EE that has the organizational capacity to fulfill program and administrative requirements. The EE must be (1) a local health department, or (2) a non-profit community-based organization, or (3) a Federally Qualified Health Center or other community clinics, or (4) an existing RWHAP-funded (Part B or C) recipient or subrecipient. The EE must have an existing infrastructure and be physically located in the service area.

If the EE intends to subcontract some or all HCP core medical and/or support services a description must be provided in the narrative response detailing how services will be delivered and how the awarded EE will monitor the subcontractor for performance and

compliance with program requirements annually. Subcontractors must also have an existing infrastructure and be physically located in the service area.

#### F. Program Requirements

The EE must comply with OA and HRSA program requirements as described in this RFA. OA will provide additional guidance and technical assistance to ensure the awarded EE has a clear understanding of all required programmatic, administrative, and fiscal requirements. The EE must have policies and procedures to ensure only clients who meet medical and financial eligibility requirements listed below and described in HRSA's [PCN 21-02](#) receive HCP services. In addition, the EE must ensure clients maintain program eligibility to receive HCP services, including recertifying clients annually.

1. **Proof of HIV-positive status-** Clients must provide proof of HIV-positive status.
2. **Proof of Residence-** Clients must reside in the State of California.
3. **Income-** Clients must provide documentation of all forms of income and meet HCP income requirement. HCP services may only be provided to PLWH whose income does not exceed 500 percent of the FPL per year based on family size and household income.

The proposed HCP medical care and/or support services must be provided in a patient-centered, coordinated, and cost-effective manner that ensures that HCP funds are the payer of last resort for HIV related services. HCP funds cannot be used for services that could reasonably be paid for or be provided by another funding source. The proposed HCP medical care and/or support services must address the unmet need of the eligible population in the service area. The EE must collaborate and coordinate with key points of entry and components of a health care system for PLWH. This includes maintaining referral relationships with entities, consider key points of entry into healthcare system for the purpose of facilitating services for PLWH, facilitating early interventions for persons newly diagnosed with HIV/AIDS and persons that know their status but are not in HIV care, and reduce duplication of services. Key points of entry may include but are not limited to other local, state, and federal health programs, substance abuse treatment programs, housing programs (such as the Housing Opportunities for Persons with AIDS [HOPWA] Program), migrant health centers, and mental health programs. The EE must have a system in place to: (1) receive referrals from key points of entry and (2) refer clients to other necessary services in the service area. The EE is encouraged to maintain said working relationships by establishing written referral processes and/or memoranda of understanding with key community partners.

The EE must comply with all reporting and data collection requirements, which includes submission of Mid-Year Progress Report, Annual Progress Report, and the annual

Ryan White Program Services Report (RSR). The EE must collect and manually enter or import client-level data into OA's care data system. The EE must have the staff capacity to comply with reporting and data collection requirements. OA will provide reporting and data collection guidance once awarded.

The EE must provide a response to the programmatic components on the Application Narrative Template that will be provided by OA once the letter of intent is received. The EE must reference all sections of this RFA, and the corresponding attachments provided when responding to the narrative program components.

## **Program Components Narrative**

### **HIV Care Program Services Delivery (24 points)**

#### 1. HCP Program Narrative

The EE must provide an HCP Program Narrative that demonstrates the need for the proposed funded allowable core medical and/or support services in the service area. The HCP Program Narrative must address the following:

- a. Identify the allowable core medical and/or support services that will be funded with this grant (see Table 1). For each proposed service, provide a description on why it is being funded. The EE must clearly demonstrate a need for said service(s).
- b. Describe how the EE will implement the proposed allowable core medical and/or support services to promote access to high quality HIV care, reduce barriers to access to HIV care, and address the unmet needs in the service area.
- c. Describe how the proposed funded allowable core medical and/or support services will address any significant health disparities that exists in the service area. Reference the data in Section C.

### **Partner Collaboration (18 points)**

#### 2. Experience with HIV Services

Describe the EE's experience in working with PLWH. The description must address the following:

- a. Describe the working relationship (if any) that the EE has with ADAP Enrollment Site(s) in the service area?

- b. Describe the working relationship (if any) that the EE has with HOPWA provider(s) or other housing providers in the service area?
- c. Describe the EE's working relationship (if any) with the public health departments in the service area.
- d. Describe the EE's working relationship with other HIV programs within the community and within the EE's agency (if any).

### 3. Collaboration with Key Points of Entry

The EE must develop and maintain working relationships and coordinate an integrated system of service delivery with other agencies who provide key points of entry into HIV medical care. Describe the EE's working relationships with other key points of entry. The description must address the following:

- a. What are the key points of entry in the service area, and what is the EE's relationship with said key points of entry? The EE must list all key points of entry in the service area.
- b. How will the EE ensure that said points are aware of the EE's proposed allowable core medical and/or support service(s)?
- c. Describe how the EE will ensure that newly diagnosed clients and clients who have fallen out of HIV care are aware of the proposed allowable core medical and/or support service(s).

### 4. Referrals to Other Necessary Services

The EE must have a system in place to refer clients to other agencies for services that are not provided by the EE. The EE must describe the referral system to other necessary services and provide examples of some services that will be referred out (i.e., mental health, housing). The description must address the following:

- a. What systems does the EE have in place to refer clients to other agencies when necessary services are not provided by the EE?
- b. Provide examples of necessary services that are not provided by the EE and describe the working relationship with agencies that provides the necessary services that are not provided by the EE.



**Program Infrastructure (18 points)**

5. Infrastructure

Describe the EE's infrastructure and currently available and planned staffing activities for implementation of HCP, including staff training. The description must address the following:

- a. Describe the EE's infrastructure. For example, if the EE has multiple sites located within the service area, provide a description of all site(s) location (physical location) and accessibility (e.g., transportation availability).
- b. Will the EE need to hire new staff for the implementation of HCP? If yes, the EE must describe the EE's hiring process, including how long it takes to recruit and hire staff.
- c. Describe the EE's capacity to reassign staff within the beginning of the grant if reassignment will occur for the development and implementation of HCP.

6. Program Eligibility

Describe the EE's experience in determining program eligibility for other state and/or federally funded programs similar to HCP. The description must address the following:

- a. What programs does the EE currently operate that requires eligibility determination (e.g., Medicare, Medi-Cal, RWHAP)?
- b. Describe the policies and/or procedures that the EE has in place to determine program eligibility.
- c. Describe the EE's capacity to review and/or collect needed documentation (e.g., insurance status, income, proof of residence) to determine program eligibility.
- d. If the EE does not have experience in determining program eligibility, describe the process the EE will undertake to establishing policies and procedures for determining program eligibility and to train staff on determining program eligibility for potential clients.

**Reporting and Data Collection (6 points)**

7. Program Reporting and Data Collection

Describe the overall capacity to comply with HCP data reporting requirements described in the RFA. The description must address the following:

- a. Describe available resources (e.g., current dedicated staff, or plans to hire or reassign staff) that will facilitate data collection, data input, and/or data report submission.
- b. Describe the system(s) used to capture client level data (e.g., electronic health record systems) and note any past experience submitting the Ryan White Service Report (RSR) to HRSA.

8. Subcontractors (Note: Complete the following section if planning to subcontract services)

Describe the EE's policies and procedures to subcontract all or some of the HCP core medical and/or support service(s). The description must address the following:

- a. The EE must state whether all or some of the services will be subcontracted and describe why the subcontractor is providing the allowable service(s).
- b. Describe the EE's capacity to provide technical assistance if requested by subcontractor(s)?
- c. Describe the EE's capacity to conduct annual compliance monitoring of the subcontractor(s) as required by HCP.

#### G. Budget (6 points)

The HCP budget template and instructions will be provided once a letter of intent is received. 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.

OA reserves the right to deny requests for any item listed in the budget that is deemed unnecessary or not allowable. Prohibited uses of funds includes, but not limited to:

- Cash payment to intended recipients of services
- Clinical research
- International travel
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior OA approval)

- Syringe Services Programs (SSPs). Some aspects are allowable with OA's prior approval and in compliance with the U.S. Department of Health and Human Services and HRSA Policy.
- Pre-Exposure Prophylaxis (PEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as person using PEP or PrEP is not living with HIV and therefore does not meet HCP program eligibility requirements.

The aggregate total of administrative expenditures, including all indirect costs, may not exceed 10 percent of the total award. The EE must comply with the requirements explained in [PCN 15-01](#).

#### H. 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 OA in writing via e-mail to request clarification or modification of this RFA.

All such inquires shall identify the author, applicant entity 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 no later than **5/20/2022**. Questions will be accepted via email at the address below.

Email Address
<a href="mailto:HCP_MAI_Invoices@cdph.ca.gov">HCP MAI Invoices@cdph.ca.gov</a>

If a prospective applicant fails to notify OA of any problem or question known to an applicant by the date indicated in this section, the applicant shall submit an application at EE's 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 OA.

#### **RFA Application Evaluation Process**

Following the closing date for application submissions, 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.

OA may reject any or all applications and may waive any immaterial defect in any application. OA's waiver of any immaterial defect shall in no way excuse the applicant from full compliance with the grant terms if the applicant is awarded the grant. 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.

1. Grounds for Rejection

OA may, at its sole discretion, correct any obvious mathematical or clerical errors identified in the RFA. OA reserves the right to reject any or all applications without remedy to the applicants. Circumstances that will cause an application package to be deemed non-responsive include:

- a. The application is received after the deadline set forth in this RFA.
- b. Failure of the applicant to complete required forms and attachments as instructed in this RFA.
- c. Failure to meet format or procedural submission requirements.
- d. Applicant provides inaccurate, false, or misleading information or statements.
- e. Applicant is unwilling or unable to fully comply with proposed grant terms.
- f. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
- g. Applicant does not meet EE qualifications set forth in this RFA.
- h. Applicant does not use and/or modifies the Application Narrative Template or other provided attachments.

2. Application Review

Applications that meet the format requirements and contain all of the required forms and documentation will be submitted to an evaluation committee convened by 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 the RFA requirements. The evaluation will constitute recommendations to OA management. Final approval of awardees will be made by the OA division chief.

**Table 4: RFA Application Review Criteria Summary**

Review Criteria	Possible Points
HCP Services Delivery	24
Partner Collaboration	18
Program Infrastructure	18
Reporting and Data Collection	6
HCP Budget	6
<b>Total Possible Points</b>	<b>72</b>

**I. Instructions for RFA Submission**

The EEs are required to submit an email of intent in order to receive the required attachments to complete this RFA application. The email of intent must be sent to the following email address:

Email Address
<a href="mailto:HCP_MAI_Invoices@cdph.ca.gov">HCP MAI Invoices@cdph.ca.gov</a>

The email of intent must include the following language in the subject line: **“Shasta, Tehama, and Trinity County RFA-Email of Intent”** and it must be received by the due date.

**Table 5: RFA Tentative Timeline and Award Schedule**

Event	Date
RFA Release	5/6/2022
Technical Assistance Webinar	5/19/2022
Deadline for Submitting Written Questions	5/20/2022
Deadline to Submit Email of Intent (Mandatory)	<del>5/26/2022</del> <b>6/16/2022</b>
Application Submission Deadline	<del>6/10/2022</del> <b>7/01/22</b>
Anticipated Award Notification	<del>6/24/2022</del> <b>7/15/2022</b>
Anticipated Appeal Deadline	<del>7/1/2022</del> <b>7/22/2022</b>
Anticipated Grant Start Date	<del>7/4/2022</del> <b>7/25/2022</b> , or upon approval of grant, whichever occurs later.

**1. Application Submission Requirements**

The provided application templates 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, Calibri (Body) font. Applications that fail to follow all of the requirements may not be considered

EEs intending to submit an application 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 attachments provided. The following is the order in which sections in the application must be submitted. A complete application package must be submitted. A brief description of each section to be included is given below:

- a. **Application Package Checklist-** Complete the checklist (Attachment 1). This sheet will serve as the guide to make certain that the application package is complete and organized in the correct order.
- b. **Application Cover Sheet-** Complete the application cover sheet (Attachment 2). This sheet must be signed by an official authorized to enter into a grant agreement on behalf of the EE.
- c. **Abstract-** Include a one-page (single-spaced) abstract of the proposed program and how it will be integrated with the EE's current activities. (**Note:** Applicant(s) must utilize a blank Word Document)
- d. **RFA Application Narrative -** Complete an RFA Application Narrative covering the funding period, from ~~July 4, 2022~~ **July 25, 2022** through March 31, 2024. This section will include the EE's responses to the Narrative Program Components outlined in the "Program Requirements" of the RFA. The narrative should be no more than **15** pages (single-spaced). (**Note:** Applicant(s) must utilize a blank Word Document)
- e. **HCP Budget Template-** Complete the HCP Budget Template (Attachment 4) for the first grant year (~~July 4, 2022~~ **July 25, 2022** through March 31, 2024) only. EEs must reference the HCP Budget Instructions (Attachment 3).
- f. **Required Form/Documentation-** Below 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".
  - a. LHJ's must complete a Government Agency Taxpayer ID Form CDPH 9083 (1/18). This form is required for payments to entities and will be kept on file at CDPH. (Attachment 5)
  - b. Community Based Organizations must complete a Payee Data Record, STD 204 & STD 205 (Rev. 3/2021). It is required for

payments to entities and will be kept on file at CDPH. (Attachment 6a & Attachment 6b)

c. Organizational Chart with Titles (Appendix I)

2. Application Submission Instructions

Applications must be submitted via email to the address below by 5:00 p.m. PST on ~~June 10, 2022~~ **July 1, 2022**.

<b>E-Mail Address</b>
<a href="mailto:HCP_MAI_Invoices@cdph.ca.gov">HCP MAI Invoices@cdph.ca.gov</a>

3. Notification of Intent to Award

Notification of the State's intent to award grant to an EE in the service area to deliver HCP and services will be posted before no later than ~~June 24, 2022~~ **July 15, 2022**.

4. Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDPH and, as such, are subject to the Public Records Act (Government Code Section 6250, et. seq.). 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, 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.

5. Grant Award Appeal Procedures

An EE who has submitted an application and was not funded may file an appeal with OA. Appeals must state the reason, law, rule, regulation, or practice that the EE 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:

- a. OA failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.

- b. OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email to [HCP MAI Invoices@cdph.ca.gov](mailto:HCP_MAI_Invoices@cdph.ca.gov) and must be received by ~~July 1, 2022~~ **July 22, 2022**. The Division Chief of OA, or her designee, will then come to a decision based on the written appeal letter. The decision of the Chief of OA, or her designee, shall be the final remedy. Applicants will be notified by email within 15 days of the consideration of the written appeal letter. OA reserves the right to award the grant when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of OA.

## 6. Miscellaneous RFA Information

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

The award of a grant by OA to an entity that proposes to use subcontractors for the performance of work under the resulting grant shall not be interpreted to approve the selection of subcontractors. Subcontractors can only be added or changed after a grant is awarded with OA approval of a formal grant amendment. In the event a grant is entered into, but later terminated, OA has the option to enter into a grant with the 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 EE'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 EE's response. OA reserves the right, after grant award, to amend the resulting grant as needed throughout the term of the grant to best meet the needs of all parties.

## 7. Grant Obligations

The successful EE 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 EEs carefully review these grantee provisions for any impact on your application and/or to determine if the EE 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 OA and each selected grantee 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 grant purposes, terms, budgets, timelines, and related issues.

8. Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

You on behalf of the applicant organization, certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. **Please check the System for Award Management (SAM) list at SAM.gov.**

**J. Attachments Summary**

EEs are required to submit an email of intent prior to receiving applicable attachments to complete the RFA application. EEs must submit an email of intent by no later than five business days before the application due date to the following email.

E-Mail Address
<a href="mailto:HCP_MAI_Invoices@cdph.ca.gov">HCP MAI Invoices@cdph.ca.gov</a>

The following are the attachments and forms the EEs will receive once an email of intent is submitted to OA.

1. Application Package Checklist (Attachment 1)
2. Application Cover Sheet (Attachment 2)
3. HCP Budget Instructions and Template (Attachment 3 and Attachment 4)
4. Government Agency Taxpayer ID Form CDPH 9083 (Attachment 5)
5. Payee Data Record, STD 204 & STD 205 (Attachment 6a & Attachment 6b)