Request for Applications (RFA) NO. 22-10099 Human Immunodeficiency Virus (HIV) Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) Navigator Services Program

February 2022

California Department of Public Health (CDPH)

Office of AIDS (OA)

1616 Capitol Avenue, Suite 616, MS 7700

Sacramento, CA 95814

SCHEDULE OF EVENTS

EVENT	DATE
RFA Release Available on the CDPH/OA website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	March 18, 2022 By 5:00 P.M. PDT
Kick-off webinar	March 22, 2022 at 2:30 P.M. PDT
Deadline for submitting written questions	March 25, 2022 By 5:00 P.M. PDT
Answers to written questions Available on CDPH/OA website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	March 29, 2022 By 5:00 P.M. PDT
Deadline to submit mandatory Letter of Intent (LOI) See LOI template in Section 4.4.1	April 1, 2022 By 12:00 P.M. PDT
Application submission deadline	~~**April 29**~~ **May 6, 2022** By 12:00 P.M. PDT
Notice of Intent to Award released. Available on CDPH/OA website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	~~**May 19**~~ **May 26, 2022** By 5:00 P.M. PDT
Appeal deadline	~~**May 20**~~ **May 27, 2022** By 12:00 P.M. PDT
Anticipated contract start date	Upon Contract Execution

1 INTRODUCTION

PrEP is a biomedical intervention for HIV-negative individuals demonstrated to be effective at reducing the transmission of HIV infection by over 99% when taken as prescribed. The Centers for Disease Control and Prevention (CDC) recommends PrEP as an evidence-based intervention to prevent HIV transmission. Despite the nearly complete ability for PrEP to stop HIV transmission, barriers persist that limit PrEP access and uptake.

PEP is a biomedical HIV prevention method that commonly consists of a 28-day course of antiretroviral drugs. When taken soon after an exposure, PEP can stop HIV seroconversion. PEP is most effective when taken as soon as possible after an HIV exposure, and adherence is crucial to the drug therapy's success. When taken as prescribed, PEP can reduce HIV transmission by 80%. Despite the timing of taking PEP being crucial to its success, many barriers to accessing PEP prevent people for receiving the drug therapy in a timely manner.

In June 2019 the U.S. Prevention Services Task Force Public Health Service gave PrEP Grade A status, meaning that evidence showed that PrEP has a high certainty of reducing HIV transmission. This grade also means that most private insurance plans must cover the cost of PrEP, thereby increasing PrEP accessibility. California also recently passed Senate Bill (SB) 159, allowing pharmacists to prescribe both PrEP and PEP, as well as waving insurers requirement to preauthorize the drug therapies. Despite these changes, barriers still exist to PrEP and PEP access, especially among certain populations in California who have a disproportionately higher rate of new HIV diagnoses. These barriers effectively limit access to PrEP and PEP among those for whom access would benefit most.

To address this the California Legislature appropriated ongoing PrEP Navigator Services funding for the CDPH/OA to establish or expand PrEP navigator services programs and increase access to PEP in the California Budget Act for Fiscal Year (FY) 2022-2023. California Health and Safety Code 131019 requires that CDPH/OA coordinate the distribution of this funding and monitor its associate activities.

This funding is to be awarded through a competitive RFA to eligible community-based organizations (CBOs) and local health departments (LHDs). Funded entities will collaborate with CDPH/OA to conduct outcome and process evaluation of RFA funded activities.

Clients on PrEP require follow-up, including HIV and sexually transmitted infection (STI) testing and other related lab work. Clients must be informed about the importance of adherence to PrEP and have access to adherence assistance when needed. Being able to incorporate PrEP into an individual's lifestyle, patient risk perception, financial cost, HIV and sexual stigma, and concern about side effects play an important role in PrEP

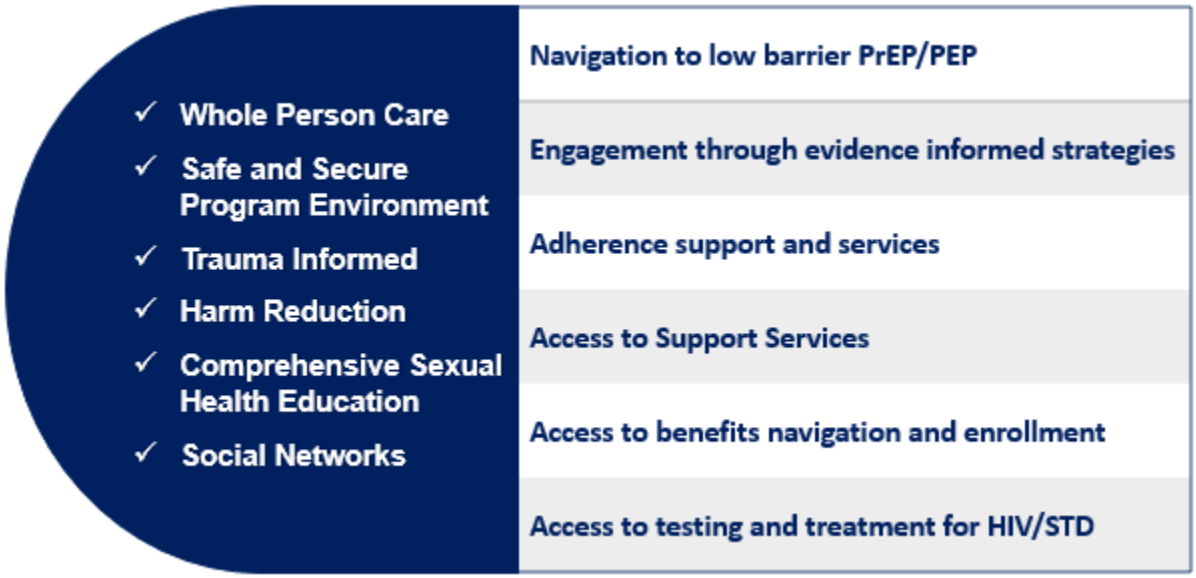
uptake and adherence. Navigators can assist clients and PrEP prescribers in addressing these concerns before they become barriers.

1.1 PURPOSE

The purpose of this RFA is to use funding to establish and integrate PrEP and PEP navigation within the funded eligible entity(ies) (EE – *see* description of EEs in Section 2.1) and to make low-barrier PrEP and PEP available to priority population(s) as defined in Section 1.2. This includes providing direct PrEP and PEP services to people from these priority population(s).

EEs must either provide evidence of a well-established ability to engage priority population(s) or demonstrate evidence-informed, innovative approaches to engage priority population(s) and navigate them to PrEP and PEP. OA defines "innovative" as the application of new ideas or promising practices that use the required approaches within this RFA to address the needs of the priority population(s). At the end of the project duration, EEs should have effectively integrated low-barrier access to PrEP and PEP into their existing structures by providing navigation services and benefits enrollment. The continuation of these services after the funding period has ended should not be dependent on the continuation of RFA funding, as the integration should be sustainable.

FIGURE 1 LIST OF THE REQUIRED KEY ACTIVITIES AND THE FRAMEWORKS IN WHICH THESE ACTIVITIES SHOULD BE GROUNDED



To meet the objectives of this funding, key activities must be made easily accessible to PrEP clients (either by the EE directly providing the service/activity or indirectly through the EE's referral network and partnerships) (Figure 1). 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 PrEP client access to appropriate social and support services.
5) Provide PrEP client access to benefits navigation and enrollment.
6) Provide PrEP client access to appropriate testing and treatment STIs or HIV.

In an effort to address barriers to PrEP and PEP access caused by health disparities, both established and new strategies and services must apply the following approaches (Figure 1) throughout client care:

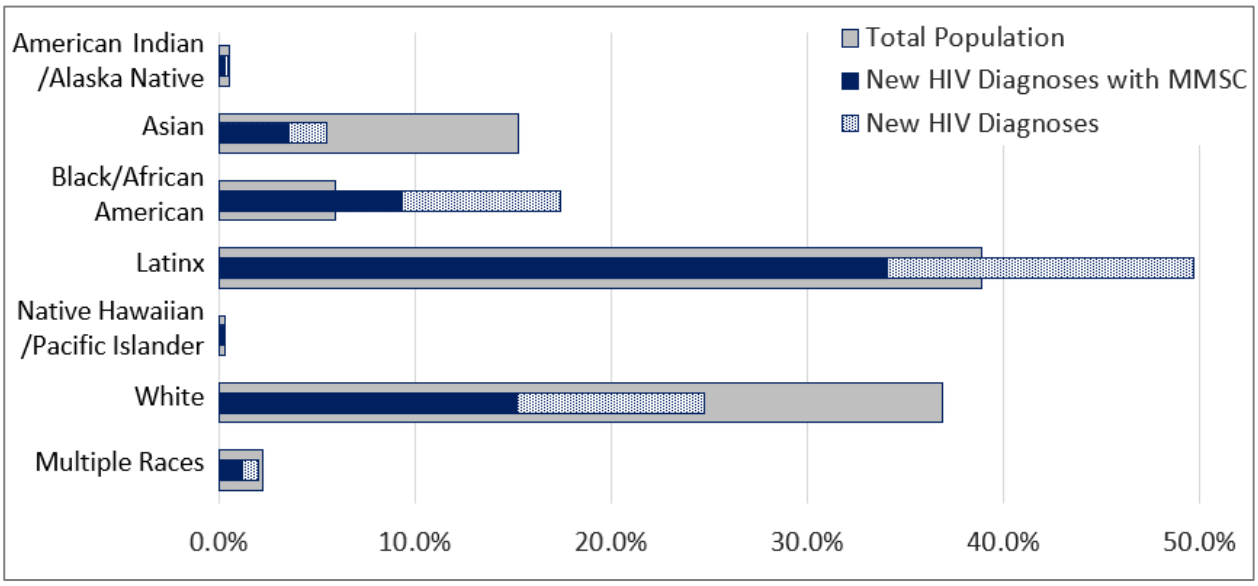
1) Whole person care (WPC)
2) Safe and Secure Program Environment
3) Trauma-informed
4) Harm Reduction
5) Comprehensive and Sex-Positive Sexual Health Education
6) Social Networks

1.2 PRIORITY POPULATION(S)

Based on the most recently available California HIV surveillance data (2019) as well as new HIV diagnosis trends, the primary priority population(s) for PrEP Navigator Services funding are 1) non-White men who have sex with men (MSM), specifically Black/African Americans (AA), Latinx, Native Hawaiian/ and other Pacific Islanders (NHOPI), and American Indian/Alaskan Natives (AI/AN); 2) transmen who have sex with men (TMSM); 3) non-binary individuals who have sex with men (NBISM); 4) transgender women; 5) people who test positive for syphilis; and 6) MSM with rectal gonorrhea or rectal chlamydia infections. Agencies who can demonstrate a proven record of success or 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.

In California, 2019 HIV surveillance data shows male to male sexual contact (MMSC) made up more than half of all new HIV diagnoses (60.4%). However, this disproportionate burden of new diagnoses is not shared equally across racial/ethnic populations. Figure 2 shows that Black/AA, Latinx, NHOPI, and AI/AN MSM are disproportionately affected by new HIV diagnoses.

FIGURE 2 PERCENT OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND BY MMSC; PERCENT OF TOTAL POPULATION BY RACE/ETHNICITY: CALIFORNIA, 2019

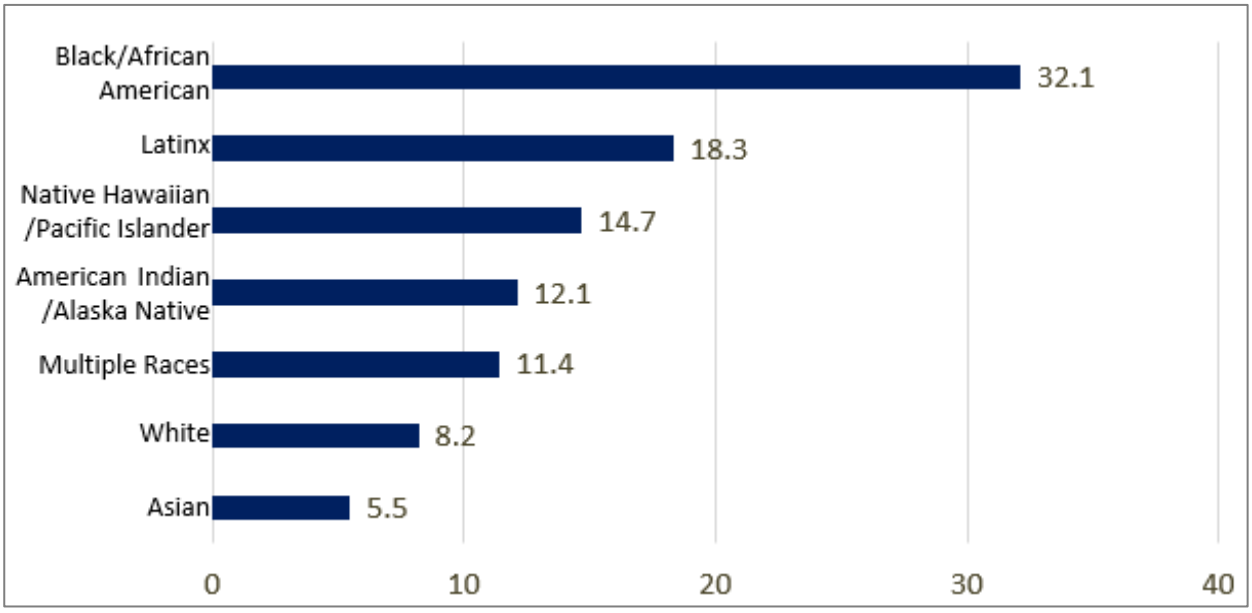


Black/AA people made up 17.4% of new diagnosis, despite making up only 7% of California's population. More than half of the Black/AA people newly diagnosed with HIV also reported MMSC (Figure 2). Black/AA MSM had a new diagnosis rate of 32.1 per 100,000 people, nearly triple that of the 11 per 100,000 in the general population and quadruple the rate of 8.2 per 100,00 in White MSM (Figure 3).

Latinx made up almost half of all of new diagnosis (47.9%), despite making up 39% of the population. More than a third of newly diagnosed Latinx people also reported MMSC (Figure 2). Latinx MSM had a new diagnosis rate of 18.4 per 100,000 people compared to 11 for the general population and 8.2 for White MSM (Figure 3).

Although the overall number is low, both NHOPI MSM and NA/AN MSM share a disproportionate rate of new HIV diagnoses with new diagnoses rates of 14.7 and 12.1 respectively compared to 8.2 of White MSM (Figure 3).

FIGURE 3 RATE OF NEW MMSC HIV DIAGNOSES BY RACE/ETHNICITY PER 100,000 PEOPLE



Transwomen are disproportionately affected by the HIV epidemic and are in immediate need of comprehensive HIV preventative services. A recent survey published by the CDC estimates 1 in 4 transwomen are living with HIV. These health disparities are compounded by the intersexuality of racial/ethnic identity. For the full report visit this link: https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf.

CDC estimates that 47% of primary and secondary (P&S) syphilis in 2019 were among MSM, and 56.7% of all P&S syphilis cases were among men. Studies have shown new syphilis infections can be a predictor for HIV seroconversion among MSM. For more information, visit the CDC's MSM syphilis fact sheet.

Although cisgender women are affected by syphilis at a lower rate than MSM and men who only have sex with women, "rates have increased substantially in recent years, increasing 30% during 2018–2019 and 178.6% during 2015–2019, suggesting the heterosexual syphilis epidemic continues to rapidly increase." See the CDC's National Overview – Sexually Transmitted Disease Surveillance 2019 for more information. Syphilis also disproportionately affects people who identified as Black/AA and Latinx. In 2019, Black/AA were affected by P&S syphilis at almost 5 times the rate (both for men and women) of White-identified Americans. Latinx were affected 2.2 the rates of White identified Americans. See CDC's Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB fact sheets for more information.

EEs must reach a minimum of one priority population to apply for this funding (*see* Section 3 Program Requirements and Submission Instructions for more detail).

2 TERMS AND FUNDING

Annual funding in the amount of $1.76 million will be awarded through this RFA. Upon an appropriation for this purpose in the annual California State Budget Act, CDPH/OA will award PrEP and PEP Navigator Services funding based on responses to this competitive RFA. EEs who are awarded through this RFA will receive $290,000 annually for three years (36 months).

To match the funding structure, CDPH/OA anticipates funding six EEs with resulting contracts to be three years in duration. The anticipated project start date is listed in the Schedule of Events (page 3) but may vary due to the time required to finalize and process contract documentation between EEs and CDPH/OA. Awardees are not authorized to begin work until the contract is finalized. Work conducted outside the effective start and end date of the contract will not be eligible for reimbursement.

The anticipated terms of the resulting contracts will be three State FYs in duration as noted below:

FY1: July 1, 2022 to June 30, 2023

FY2: July 1, 2023 to June 30, 2024

FY3: July 1, 2024 to June 30, 2025

All funding is contingent on the availability and continuation of State general funds allocated for this purpose.

2.1 ELIGIBLE ENTITIES

All California LHDs and CBOs that meet RFA eligibility criteria stated below are defined as EEs. EE criteria includes:

1) EEs may be part of units of local government including, but not limited to, cities, counties, and other government bodies or special districts.
2) EEs may be a public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code.
3) EEs demonstrate that it meets the organizational capacity to fulfill RFA program and administrative requirements.

EEs can apply directly to CDPH/OA and are encouraged to apply for this funding individually or in collaboration with other EEs in order to develop a comprehensive proposal that meets all requirements. Collaborative applications must identify the lead

EE and include Letters of Support (LOS) from the other EE(s). 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 contract management, reporting, and invoicing.

EEs are encouraged to develop applications appropriate to their regions, based on strong local partnerships and their ability to reach specific priority population(s). The activities required to create sustainable programs may vary by setting and funding recipient; however, required approaches and key activities must be provided to PrEP clients (either through direct or indirect services).

3 PROGRAM REQUIREMENTS AND SUBMISSION INSTRUCTIONS

The following section includes a complete description of the RFA program requirements. This RFA requires EEs to meet the requirements listed in this RFA and to submit all documents listed in the Application Certification Checklist (Attachment 1). All activities and deliverables described below must be addressed in the application package of each EE's RFA submission.

EEs must respond to the questions in the Application Narrative Template (Attachment 5) to describe their intended PrEP navigation services program. In addition to completing the required Attachments (Attachment 1-12, excluding Attachment 6 – Budget Guidance), awardees will be required to comply with any additional requirements specified in this RFA. EEs must highlight their ability to develop an agency-wide focus on all components specified in this RFA in order to achieve and sustain program goals.

The Activity List (Attachment 4) includes a list of recommended activities that have been identified as important activities for implementing a successful and sustainable PrEP navigation program. EEs must use the Activity List template (Attachment 4) to describe program goals and activities to implement or expand a comprehensive PrEP navigation program that adequately addresses the needs of their priority population(s). These activities should likewise be connected to the Application Narrative (Attachment 5). In addition to screening and linking clients to PrEP and PEP prescribers, programs must conduct activities that support priority population(s) based on public health detailing, development and maintenance of a network of culturally/linguistically competent PrEP prescribers who accept program referrals, capacity to provide or refer clients to other appropriate and essential support services or clinical care and prevention services,

assistance with accessing public and private insurance and patient assistance programs to pay for PrEP/PEP, and PrEP adherence support, if needed.

EEs must illustrate their qualifications to undertake the activities specified in their Activity List, as well as any prior experience performing these activities, if applicable. Activities that cannot be accomplished directly must be supported through strong prescriber and support service networks. If EEs intend to conduct some activities directly and accomplish others via collaboration (for example, if the EE will collaborate with other providers for HIV testing or insurance assistance for priority population(s), these collaborations must be specifically described in the Application Narrative (Attachment 5) when promoted and LOS from collaborative partners must be included in the application submission. Additional activities and outputs added to the Activities List (Attachment 4) must meet S.M.A.R.T criteria (specific, measurable, achievable, result-oriented and relevant, and time-bound). See the SAMHSA's Native Connections help document on creating and identifying SMART objectives for more information on S.M.A.R.T. objectives. The program activities must emphasize innovative and evidence-informed approaches. The time periods/dates specified in the Activities List shall correspond to the projected Budget Template tables (Attachment 7). Please note: EEs must be prepared to develop a sustainability plan after awarded funding.

The following approaches (listed in Section 3.1) must be incorporated and applied throughout the funded activities. Use the Application Narrative template (Attachment 5) to describe how you will meet the following approaches. Please note that these approaches should be woven throughout the activities discussed in the Application Narrative (Attachment 5), respond accordingly.

The priority population(s) for this RFA are people with a negative or unknown serostatus that fall within the priority populations defined in Section 1.2. EEs must serve one or more of the priority population(s) described in Section 1.2. These local and program specific populations will be referred to as designated priority population(s) throughout the rest of this document. Successful EEs will be expected to develop and maintain services that directly benefit priority population(s).

3.1 Required Programmatic Approaches

3.1.1 Whole Person Care (WPC)

WPC is defined as patient care provided holistically, featuring regular coordination between all medical offices, as well as behavioral health and social services. A whole person care model promotes comprehensive approaches that address the physical, psychological, and environmental impacts on an individual's overall health.

In order to provide wholeness of care, applications are expected to involve the primary priority population(s) who are disproportionately impacted by HIV, in the planning, design, and implementation of the proposed program. Funded programs are expected to maintain the priority population(s)'s ongoing involvement in an advisory capacity. EEs will be asked to describe how the priority population(s) has been involved in the application development process and how they will be involved in the delivery of services.

In the context of an HIV/STI prevention program, a health and wellness approach would enable a program to recognize and address how various health related factors interact and increase a person's vulnerability for HIV infections and STI's.

Programs that incorporate a health and wellness approach into their HIV/STI programs will be better prepared to facilitate access to healthcare services, thus enhancing their strength-based model of care, and empower their clients to become primary agents of change for themselves.

Successful EEs will also incorporate wraparound services that address the social determinants of health. CDPH/OA defines social determinants of health as the range of social, economic, and environmental factors that determine the health status of individuals or populations. Social determinants of health play a role in HIV infection and the ability of people vulnerable to, or living with HIV to seek treatment, care, and support. CDPH/OA defines social determinants of health as the range of social, economic, and environmental factors that determine the health status of individuals or populations. Social determinants of health play a role in HIV infection and the ability of people vulnerable to, or living with HIV to seek treatment, care, and support.

3.1.2 Safe and Secure Program Environment

Community input and recommendations regarding best practices emphasize the need for programs serving priority population(s) to create environments where clients feel safe and supported, both physically and psychologically and where their differences are respected and appreciated. Cultural competence is the ability of an organization to effectively deliver services that meet the social, cultural, and linguistic needs of its constituents. Cultural humility is a respect for the unique cultural experience of the individual, or an openness to what an individual has determined is their personal expression of heritage, culture, and identity. Successful EEs will use both of these approaches in their service delivery.

CDPH/OA recognizes that Black/AA, and Latinx individuals are often hesitant and/or unable to access services due to HIV related stigma, medical mistrust, and systemic/institutional oppression.

3.1.3 Trauma-Informed Approach

EEs are expected to adopt the principles and practices of a trauma-informed approach to care, especially with respect to the delivery of services for the proposed program as well as for in the workplace. OA defines trauma-informed as an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally. A trauma-informed approach is expected to be understood and adopted by agency staff at multiple points of service delivery. By adopting this approach, EEs understand the importance of recognizing and addressing an individual's underlying mental health issues/needs that may influence their coping skills and self-protective behaviors. Furthermore, this approach recognizes historical and communal trauma, which can be a key factor in clients' decision-making. Ultimately, clients will be supported to become safer emotionally, physically, and socially.

People from defined priority population(s) are disproportionately vulnerable to acquiring HIV. Co-factors such as substance use and mental health issues may also be present, further emphasizing the importance of providing comprehensive and integrated services with a trauma-informed lens. Providers should understand the challenges these populations face and should effectively engage these populations with past and current experiences of trauma and violence so that they are not further stigmatized but instead are linked to appropriate care, treatment and support services. For additional information on trauma informed approaches to HIV care and prevention, access National Alliance of State and Territorial AIDS Directors (NASTAD) Trauma-Informed Approaches Toolkit | NASTAD.

CDPH/OA defines intersectionality as the overlap of various social identities, such as race, gender, sexual identity, disability, and class, contribute to systemic oppression and discrimination experienced by an individual. Intersectionality recognizes that the more devalued identities an individual has including race, class, disability, and gender, increases the risk of adverse outcomes, such as homelessness, assault, depression, and drug use. Successful EEs will take into account an individual's intersectional identities when providing services. As HIV and health inequities continue to disproportionally impact priority population(s), it is essential to ensure that medical providers, frontline staff, and navigators use an intersectional approach to understand trauma.

3.1.4 Harm Reduction Approach

CDPH/OA promotes a harm reduction framework to support the health and safety of people who use drugs. Harm reduction accepts, without judgement, that people use drugs for many reasons, that risk and behaviors related to drug use occur across a spectrum, and that everyone has the capacity to make positive changes without requiring abstinence. Harm reduction also seeks to challenge the circumstances by

which people's experiences of drug use and its relationship to HIV risk or other health outcomes are deeply shaped by stigma and discrimination – including within the health care system – and by policies that target and exclude people from care related to drug use based on race or ethnicity, gender, housing status, poverty, and other factors.

Applications incorporating harm reduction strategies in their programs may use a variety of tools depending on the needs of the people they intend to serve, including syringe services for people who inject drugs, counseling and health education designed to promote safer drug use (including for opioids, stimulants, alcohol, or polydrug use) and safety for people who use drugs during sex, integration of mental health and substance use disorder care, or overdose prevention services, and/or other strategies as appropriate.

It is important to acknowledge that methamphetamine or "meth" use is a significant driver of both HIV and syphilis in gay male culture and associated communities of Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) individuals, including MSM and trans individuals. Meth use dovetails with opioid injection drug use and comes with an array of associated effects such as mental health issues, overdose, death and is prevalent in many regions within California including rural, suburban, and urban areas. Using a harm reduction approach, meth should be discussed and addressed accordingly with clients in a non-judgmental fashion by creating opportunities for dialogue and contingency management with clients if possible.

3.1.5 Comprehensive Sexual Health Education

Comprehensive, sex positive, sexual health education addresses the root issues that help people make informed decisions to keep themselves safe and healthy. Programs should use a holistic approach to provide accurate sexual health education and harm reduction strategies that helps reduce people's exposure to HIV/STIs and unintended pregnancies.

Comprehensive sexual health education includes age and developmentally appropriate, medically-accurate information on a broad set of topics related to sexuality, including human development, healthy relationships, decision making, abstinence, contraception and disease prevention. It affords opportunities for learning and developing skills. Programs serving youth should provide them with the tools to make informed decisions, build healthy relationships, and prepare them for sexual activity. Programs should encourage communication skills about sexuality with sexual partners and family.

3.1.6 Social Networks

CDPH/OA encourages the use of social network strategies to enlist persons who are HIV/STI positive or vulnerable to HIV/STI to recruit peers in their social, sexual

and drug/alcohol using networks to seek HIV/STI testing. Members of the EE's program can be recruited and trained to work with members of their networks to:

- Provide education and connections to supportive services;
- Distribute safer sex supplies and information on obtaining sterile syringes;
- Locate HIV/STI testing sites, help link those who test positive to care and services;
- PrEP-AP enrollment and clinical site designation.

Awardee EEs must submit PrEP-AP Enrollment Site applications and PrEP-AP Clinical Provider applications (if applicable) to PrEP-AP before the contract execution date. Please email PrEP-AP at PrEP.support@cdph.ca.gov using the provided email template (Attachment 12) for application materials. Additional information on PrEP-AP can be found on the PrEP-AP Website by clicking on the link. Note: this only applies to awarded agencies and is not part of the RFA scoring process.

3.2 Social Media and Marketing

Media has the potential to deliver HIV/STI and positive sexual health prevention messages/programs to the 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 5% ($14,500) 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 throughout the State of California or as needed outside of the state. Media developed and available from the CDC's Let's Stop HIV Together Campaign is a good source for free, pre-developed media. The development of new media campaigns is not permitted with this funding.

3.3 Letters of Support (LOS)

EE's must include LOS for all organizations/business that directly support the EE's achieving funded RFA goals. This includes both formal and informal relationships. LOS should specify the relationship type between EE and partner agency (receive PrEP referral from, provide housing assistance, jobs training, etc.). More details regarding how outside partners are assisting EE in achieving RFA goals for the designated priority population(s) should be described in the application narrative referrals and support services section.

These LOS are in addition to Attachment 11. Attachment 11 includes an LOS template that the LHD(s) in which the applying EE will operate funded activities in must complete. EEs are required to have LHD LOS that acknowledge the LHD and EE will share surveillance data as it pertains to the EE's clients. Unlike LOS from

organizations/business that directly support the EE's achieving funded RFA goals, the LOS in this attachment is not included in RFA scoring, but failure to complete and submit is grounds for application rejection.

3.4 PrEP AND PEP

CDPH/OA and Pacific AIDS Education and Training Center updated clinical guidelines on same day PrEP in 2020 which strongly encourages writing a prescription and starting PrEP on the same day a patient comes in for consultation when the patient has a negative HIV test within the last 2 weeks and no HIV exposures since this test, all laboratory testing is obtained that day, and the patient has no symptoms of acute HIV infection. If it has been more than 2 weeks since baseline labs were obtained, repeat an HIV test and start PrEP the same day while awaiting results of the repeat HIV test. 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). These costs need to be documented in the Budget Template (Attachment 7).

3.5 TELEHEALTH

EEs should incorporate telehealth and/or telemedicine approaches in their service delivery. Telehealth programs have become increasingly utilized by providers as an approach to overcome access barriers and deliver much needed, high-quality health services including diagnosis, consultation, treatment, education, and care management. Telehealth has the potential to increase client engagement and retention, because patients will be less likely to encounter access barriers such as lack of transportation, busy schedules, and appointment availability. Additionally, telehealth can decrease the time to antiretroviral therapy (ART) initiation and improve adherence and retention outcomes.

EEs must demonstrate the ability to provide services, and achieve the goals of this funding, through a combination of in-person and telehealth and/or telemedicine methods. Funded projects must be able to provide services to clients with internet, smartphone, and telephone access, but must also be able to accommodate clients who do not have access to or an understanding of how to use these technologies. EEs may propose providing a component that supports training and capacity building to assist clients in learning technologies and increasing skills to be able to access service remotely.

3.6 PHARMACY SUPPORT

Formal and informal partnerships with pharmacies can facilitate timely low-barrier access to PrEP and PEP. In 2019, California passed Senate Bill (SB) 159. This legislation allows Californians to access PrEP and PEP at some pharmacies without a medical visit or a prescription. CDPH/OA encourages EEs to develop relationships with

pharmacies when possible and to provide PrEP and PEP public health detailing for partner pharmacies.

3.7 DATA COLLECTING, ENTRY, AND MONITORING

Monitoring and evaluation will be based on the activities specified in the Activity List (Attachment 4) and finalized scopes of work for funded EEs. Project data will be tracked using semi-annual progress reports, CDPH/OA's Client Encounter Form (CEF) and, for PLWH, the Supplemental Client Encounter Form (SCEF) (the use of the SCEF is anticipated to be low for this PrEP Navigator funding). The CEF will be used to track client-level PrEP navigation services. EEs are required to report activities conducted with a client during a PrEP encounter (including testing if testing is conducted, and linkage to care if PrEP client tests positive for HIV). Awarded EEs are required to enter CEF and SCEF data into OA Prevention Branch's data monitoring and evaluation system, Local Evaluation Online (LEO). CDPH/OA will provide the necessary data collection forms and training regarding system use.

Data entry into LEO is a process that must happen continuously to avoid a backlog of forms and to be able to address any inconsistencies in a timely manner. Because of this, data must be entered into LEO within four weeks of the provided services. In addition to programmatic monitoring at the state level, awardees will be expected to conduct local program monitoring to ensure data accuracy, timeliness, and validity by reviewing client-level data entered into LEO on a monthly basis. EEs that are not reviewing client-level data on a monthly basis will be contacted on OA to determine a data monitoring plan. The CEF and SCEF will be distributed as part of the RFA application packet for reference of required client-level data collection variables.

There will be the possibility of additional data submission requirements, depending on project needs or outcome; however, CDPH/OA intends to be mindful of local data burden and manage data requirements accordingly.

At least 10% of EE's budget must be allocated to evaluation activities, which include stakeholder engagement, data collection, entry, management, monitoring, and quality control. EEs must demonstrate capacity to actively participate in CDPH/OA evaluation activities throughout the project period.

3.7.1 EE Capacity

List any prior contract/grant relationships with CDPH/OA over the last five years. If the EE has received any letters of correction or written notices of breach or inadequate performance from CDPH/OA related to any concurrent or prior contract/grant relationships, please describe them.

Previous experience with agencies who have received OA funding, including completing project requirements, data completion, communication with OA during the funding

process will be taken into account for the RFA scoring process. A maximum of 5% of the total score may be deducted for previously funded EEs who did not meet the expectations established in their scope of work.

3.8 SCORED RFA APPLICATION NARRATIVE QUESTIONS

3.8.1 Required Approaches

1) Submit EE's and/or subcontractors trauma-informed model and describe the agencies policy, procedure, and practice of being trauma informed. If the EE has not implemented this approach, describe the agencies plan to implement trauma-informed approaches in policy, procedures, and practices by the end of the project period.
2) Describe how the EE incorporates the theory of intersectionality to understand and address trauma among persons vulnerable to or living with HIV. If not currently incorporating intersectionality into client services, what is the agency's plan to do so?
3) Describe how EE will address HIV related stigma, medical mistrust, and systemic/ institutional oppression among the populations it will be serving.
4) Describe how the EE will incorporate a health and wellness approach in program planning and delivery.
5) Describe what structural approaches or interventions EE has implemented or will implement for HIV prevention to improve outcomes of the identified population.
6) Cultural competence is the ability of your organization to effectively deliver services that meet the social, cultural, and linguistic needs of constituents. Cultural humility is a respect for the unique cultural experience of the individual, or an openness to what an individual has determined is his or her personal expression of heritage and culture. Describe how EE will address cultural competence and cultural humility through service delivery.
7) How will the EE build and maintain social networks to help reduce social isolation and provide a sense of community to individuals who may have shared cultures, languages, experiences, traumas, and/or needs. CDPH/OA defines social networks as members or peers that are a part of the same social, sexual, or alcohol/ drug using network that act as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Describe how the EE will utilize social networks to deliver and strengthen service delivery to individual priority population(s).

3.8.2 Priority Population(s)

1) Define EE designated priority population(s) who will be engaged through this PrEP Navigator funding.

2) Use current data (e.g., epi data, agency policy/protocols, community engagement, social and professional networks, community needs assessments) to tell us why the EE is a good option for engaging these priority population(s).
3) Describe any community assessment tools that have been used to determine priority population(s) needs. What were the outcomes of this assessment? If no assessment has been conducted, describe how the agency determines the needs of the population(s).
4) How will the proposed project activities (listed in Attachment 4) will meet the identified needs of the priority population(s)?
5) How does the EE currently involve people from the priority population(s) in the planning, design, and implementation of services?
6) Describe any current internal or external relationships with Client/Community Advisory Boards (CAB) including if members of priority population(s) are represented, frequency of meetings and mechanisms for the CAB to provide programmatical and clinic input. Attach any CAB protocols or Best Practices document. If no current CAB relationships exist, describe future plans to establish a CAB or collaborate with an existing CAB.
7) Describe how the EE will create and maintain a safe and secure space for clients to discuss sexual health, social and emotional issues, as well as receive services free from judgment and fear. Include current descriptions of all existing program and clinical spaces where priority population(s) and staff are provided or involved in service delivery.

3.8.3 Program and Community Engagement

1) Describe EE's experience with community engagement and history of reaching the defined priority population(s). Provide evidence for the EE serving this priority population(s) (e.g. % of current clients falling within priority population(s), current innovated approaches to engage priority population(s), % of staff who represent priority population(s), community relationships with priority population(s), etc.).
2) What is the current estimated percent of clients from the designated priority population(s) at the EE? Describe current or newly proposed innovative strategies to engage the EE defined priority population(s), breaking out specific strategies by unique priority population(s).
3) If using media and marketing strategies for client recruitment/engagement activities, indicate the media format (flyers, digital ads, billboards, etc.) that will be used, how they will be implemented, and how success will be measured (*see* Section 3.2 for guidelines).
4) Use the application narrative (Attachment 5) and LOS to identify PrEP prescribers with demonstrated expertise and cultural/linguistic competence in working with priority population(s) to whom you will refer PrEP candidates or people on PrEP. Include LOS from these prescribers in your application. Note

their willingness to become a PrEP Assistance Program (PrEP-AP) enrollment site and network PrEP-AP clinical provider.

5) Does the EE accept Medi-Cal?
6) Describe how the EE will provide public health detailing to current and potential PrEP prescribers and their staff (including pharmacist). This can include PrEP specific training and TA, but also cultural competency training around priority population(s) (for more information on Capacity Building Assistance, see OA's capacity building fact sheet.
7) Describe plans to incorporate PrEP into HIV and STI testing public health venues (either the EEs or collaborative partners). Attach any LOS as necessary.

3.8.4 Role of the PrEP Client Navigator

1) Describe the navigator's role in providing the below services and how they will provide these services in a culturally and linguistically competent manner specific to defined priority population(s). Include how these services will be informed by the RFA required approaches when responding:
   a) Assessing client's prep eligibility (based on OA defined eligibility criteria, *see* below) or PEP eligibility.
      - OA PrEP eligibility criteria is defined as if a person 1) is 12 years of age older, 2) is not currently taking PrEP, 3) tests negative for HIV or have unknown HIV status, AND 4) either: Wants PrEP, OR: Is sexually active or planning to be sexually active, OR: Injects drugs or may inject drugs in the future.
   b) Client's readiness to incorporate PrEP into a PrEP candidate's lifestyle.
   c) How/if navigators will follow up with PrEP eligible clients who are not ready to start medication at initial navigation session.
   d) Implementing adherence methods (including client follow-up to determine if prescription was obtained and if PrEP was initiated.).
   e) Addressing essential support services (such as, the specific adherence needs of clients with substance abuse and/or mental health disorders).
   f) Referring clients to PrEP prescribers.
   g) Working with clients if a prescriber decision is made to discontinue PrEP.
   h) Screening and referring clients for intimate partner violence (IPV).

3.8.5 Navigation

1) Describe the EE's resource inventory of supportive services, organizations, and/or businesses catering to priority population(s) and accessible in the geographic region that will help meet the goals of this RFA.
2) Describe the EE's PrEP navigator(s)' referral processes for whole person care (both formal and informal). Note if these referrals include the required key activities that cannot be complete by the EE.

3) Describe the planned or expanded referral process/network to a navigator (PrEP, benefits, etc.). Where will clients be referred from (e.g. STI clinic, family health)? When describing the referral processes, specify the referral types between network members (e.g. warm or in-person handoffs). Provide any current protocols or best practices.
4) Describe the planned or expanded referral process/network between PrEP navigators and prescribers. When describing the referral processes, specify the referral types between network members (e.g. warm or in-person handoffs). Provide any current protocols or best practices.
5) Describe the EEs current relationship with Gilead and their PrEP patient assistance program. If the EE does not have a relationship, describe how/if one will be established.
6) Describe plan to assist clients with benefits navigation such as enrolling into public or private insurance or to access third party payers and patient assistance programs.
7) All funded EEs are required to be PrEP-AP Enrollment Sites. If the EE has a prescriber on staff, the agency must also be a PrEP-AP Clinical Provider. Indicate if the agency is already a PrEP-AP Enrollment Site and, if applicable, a PrEP-AP Clinical Provider. If not, describe the agency's plan to become a PrEP-AP Enrollment Site and a PrEP-AP Clinical Provider (if applicable).

3.8.6 PrEP and PEP

1) Describe any plan or capacity for implementing same-day PrEP and if applicable, how using PrEP Navigator Services funds to purchase PrEP medication and paying for associated PrEP costs will contribute to this plan.
2) Describe the process for transitioning clients from PrEP starter pack to PrEP with payer assistance, if needed (e.g. Covered California, Gilead co-pay, PrEP-AP).
3) Is the EE implementing PrEP 2-1-1, why or why not? If not, does the agency have a plan or the capacity to implement?
4) Describe challenges and barriers among PEP and/or PrEP uptake among designated priority population(s).
5) What is the EE's capacity to assist clients in identifying and addressing barriers, internal and external, to accessing PrEP and PEP and adherence, including the ability to provide or refer for wraparound services? Breakout by specific designated priority population(s) served.
6) If applicable, describe how purchasing PEP medication will reduce above mentioned barriers for patients to access PEP within the agency.
7) If applicable, describe how purchasing PrEP medication will reduce above mentioned barriers for patients to access PrEP within the agency.

3.8.7 HIV/STI Testing

1) Describe collaborations with HIV and STI testing sites, including public health focused testing sites, as well as testing programs in health care settings such as emergency rooms or primary care providers.
2) Describe any plans to collaborate with local health departments to identify priority population(s) with HIV-negative results and/or positive STI results and linking them to PrEP and/or navigation services.
3) Describe plans for linkage to PrEP navigation services for priority population(s) with HIV-negative test results, plans for responding to individuals with HIV- or preliminary-positive test results (e.g., linking to care), and plans for responding to individuals with a reactive test for an STI (other than HIV), including linkage to STI treatment and PrEP and/or navigation services.
4) If the EE is not a public health department, how will it partner with your local health department to achieve above goals?

3.8.8 Telehealth

1) Describe how the EE has implemented telehealth (or how it plans to implement) for reaching defined priority population(s).

3.8.9 Pharmacies

1) Describe any current or existing relationships with pharmacies who can provide low-barrier PrEP and/or PEP to priority population(s).
2) In light of SB159, describe any plans to establish relationships or collaborations with pharmacies to initiate and dispense PrEP and PEP to a HIV negative person without a prescription?

3.8.10 Monitoring Plan

1) Describe how the EE will manage changes to the project design or protocol to ensure (1) design changes or adaptations to funded activities are approved by CDPH/OA in advance, and (2) program activity changes are S.M.A.R.T. variables.
2) Describe the EE's local monitoring plan. The monitoring plan should include any required data sharing inter-agency agreements, as needed, and should identify staff (e.g. data analyst, navigators, etc.) who will be responsible for entering client-level service delivery data into CDPH/OA's prevention database; staff (e.g. program coordinator, data manager, etc.) responsible for ensuring data quality, timeliness, completeness, and accuracy; and staff responsible for providing progress report summaries at appropriate intervals and at end of contract period.

3.8.11 Staffing and Staff Training

1) Describe the EE's planned staffing for the project, including recruitment strategies.

1.a) If staff hiring or reassignment will occur for this project, describe plan to hire/reassign staff within the first half of year 1 (July 1, 2022 to December 30, 2022). (Note: if awarded funding, failure to fill positions within the first half of fiscal year one without receiving an extension from CDPH/OA may result in the termination of funding.)

2) Describe staff personal and professional experience working with priority population(s) including trainings they have received that specifically address the experiences and needs of priority population(s).

3) Describe how staff development and training practices related to the RFA required approaches and new PrEP innovations will continue in an ongoing basis throughout the cycle of the award.

4) Describe EE's capacity to maintain project integrity in the event of staff turnover.

5) If consultants will be hired to meet program requirements, identify the consultants.

   a) Explain the need for hiring a consultant and specify the consultant's role and responsibilities in the project.
   b) Describe how the EE will assess cultural & linguistic competency and specifically how the agency will plan for monitoring subcontractor performance.

6) Describe the EE's administrative systems and accountability mechanisms for contract management.
   Note: If during the course of the project, collaboration with partner agency(ies) is not successful and activities of the contract are not successfully implemented, the contract may be terminated by CDPH/OA.

4 QUESTIONS AND APPLICATION EVALUATION PROCESS

If, upon reviewing this RFA, a potential EE has any questions regarding this RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the EE shall immediately notify CDPH/OA ***in writing, to be delivered via e-mail***, and request clarification or modification of this RFA. CDPH/OA will also host an RFA kickoff meeting, which will provide an opportunity for EEs to ask questions in person, although the questions may not be answered in real-time. See the 'Schedule of Events' on page 3 for dates.

All such inquires shall identify the author, EE 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 Schedule of Events. Questions will be accepted via e-mail at the address

E-Mail Address
PrEPNavRFA@cdph.ca.gov

All questions submitted, via email and asked orally at RFA kick-off meeting, and CDPH/OA's responses will be posted and available on the CDPH/OA website referenced in the Schedule of Events on page 3. Specific inquiries determined to be unique to an EE will be responded to via e-mail to the requestor only.

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

Prospective EEs 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.

4.1 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. EEs that did not previously submit a LOI to apply by 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 EE from full compliance with contract terms if the EE is awarded. 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 contract is awarded without CDPH/OA approval of a formal amendment. Please note that submitting budgets with 'to be determined' positions does not exempt the EE from providing detail on specific services to be provided by the positions listed.

4.2 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 EEs. 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 the RFA's criteria.

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

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

4.3 STANDARD APPLICATION REVIEW PROCESS

Applications that meet the format requirements and contain all of 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 in comparison to all applications received 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)s on PrEP and PEP and RFA requirements.

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

4.4 INSTRUCTIONS FOR RFA SUBMISSION

4.4.1 Letter of Intent (LOI) – MANDATORY

Prospective EEs 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 contractual agreement on behalf of the EE. 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 EE all required application attachments. The LOI must be sent via e-mail to the address below. EEs that fail to submit a LOI by the specified deadline are precluded from funding consideration.

E-Mail Address
PrEPNavRFA@cdph.ca.gov

4.5 Application Submission and Award of Funding

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 as one single PDF. All attachments should be sent back the same file format that they were provided.

EEs 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 1-12) must be submitted. A brief description of each section to be included is given below:

Please request the required attachments from the PrEP Navigation Services funds mailbox at PrEPNavRFA@cdph.ca.gov. A brief description of each section to be included is given below:

4.5.1 Application Certification Checklist (one page limit)

Complete the Checklist (Attachment 1). This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order. *Note: there may be additional documentation needed outside of this checklist, including LOSs and evidence of HIV prevalence among specific populations.*

1) Application Cover Sheet

Complete the application cover sheet (Attachment 2). This sheet must be signed by an official authorized to enter into a contractual agreement on behalf of the EE.

2) Executive Summary (one page limit)

Include a one-page Executive Summary (Attachment 3) of the proposed program and how it will be integrated with the EEs current activities.

3) Activity List (Excel table)

Use the Activity List template (Attachment 4) to document the proposed activities that will be conducted to achieve PrEP Navigator Services goals. The activities must cover the funding period, from July 1, 2022 through June 30, 2025 and must include activities reflected in the Application Narrative template (Attachment 5).

4) Application Narrative (30 page limit)

Use the Application Narrative template (Attachment 5) to provide a description of the EE's program, covering the funding period, from July 1, 2022 through June 30, 2025. This section must include complete descriptions of the EE's plan to carry out the Required Programmatic Approaches referenced on page 11.

5) Budget Template [(Excel workbook) (no page limit)]

Complete the provide Budget Tables (Attachment 7) **for each funding periods** note below:

FY1: July 1, 2022 to June 30, 2023

FY2: July 1, 2023 to June 30, 2024

FY3: July 1, 2024 to June 30, 2025

See the Budget Guidance (Attachment 6) for a description of what each line item must include. Please note that these funds may not be used to pay for clinical care or other services that can be billed to 3rd party payers.

The budget descriptions of services, and duties located in the Budget Template (Attachment 7) must explain and justify both program services funded by other funding and those, if awarded, funded by this contract. Availability of other funding will not affect the scoring of this RFA. For example, the salaries 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 which results 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: The cost of developing the application for this RFA is entirely the responsibility of the EE and shall not be chargeable to the State of California or included in any cost elements of the application.*

Below is a list of other required forms/documentation to accompany all applications using provided attachment templates. 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".

6) Taxpayer ID Form – Attachment 8 (CDPH 9083)
7) Payee Data Record – Attachment 9 (STD 204)
8) Payee Data Record Supplement – Attachment 10 (STD 205)
9) LHD Letter of Support – Attachment 12
    a. Letters of support: All EEs must complete the LHD Letter of Support form in order to be eligible to apply. Please reach out to the LHD for signature and acknowledgement of the application. EEs who are LHDs may complete the form themselves and submit. If the EE will provide services across multiple jurisdictions, the EE must provide a letter of support from each jurisdiction where services will be provided. This is in addition to LOS required for partnerships and subcontractors established to complete key program activities.

Applications that fail to follow ALL of the requirements may not be considered.

4.5.2 Where to Submit Application

Applications must be submitted **via e-mail** to the address below as referenced in the Schedule of Events.

E-Mail Address
PrEPNavRFA@cdph.ca.gov

4.5.3 Notification of Intent to Award

Notification of the State's intent to award contracts for the HIV Prevention PrEP Navigation Services funding will be posted online at CDPH/OA Website. Additionally, a letter will be e-mailed to all EEs notifying them as to the status of their application.

4.5.4 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.

4.5.5 Contracts Award Appeal Procedures

An EE who applied and was not funded may file an appeal with CDPH/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:

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 by email to the PrEP Navigation Services fund email address at PrEPNavRFA@cdph.ca.gov and must be received as referenced in the Schedule of Events**.** The Division Chief of CDPH/OA, or her designee, will then come to a decision based on the written appeal letter. The decision of the Division Chief of OA, or her designee, shall be the final remedy. EEs will be notified by e-mail within 15 days of the consideration of the written appeal letter.

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

4.6 MISCELLANEOUS RFA INFORMATION

The issuance of this RFA does not constitute a commitment by CDPH/OA to award funding. 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 contract by CDPH/OA to an entity 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 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 available entity or organization having the next highest score in the evaluation process and so on for completing the remaining project work.

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

4.7 CONTRACT OBLIGATIONS

The successful EE must enter into a contract 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 awardee provisions for any impact on the 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 CDPH/OA and each selected awardee 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 contract purposes, terms, budgets, timelines, and related issues.

4.8 ATTACHMENTS IN RFA APPLICATION PACKAGE

Attachments will be distributed to EEs via email upon receiving the EE's LOI in the inbox at: PrEPNavRFA@cdph.ca.gov. If the EE cannot procure an LOI in a timely manner, the EE can request the materials prior to submitting the LOI; however, **an LOI still must be submitted by the submittal deadline** (listed in the Schedule of Events) for applications to be scored.

4.8.1 Attachment List

Note that all attachments besides the Budget Guidance (Attachment 6), must be completed and returned as the part of the application package:

- Application Certification Checklist (Attachment 1)
- Application Cover Sheet (Attachment 2)
- Executive Summary (Attachment 3)
- Activities List (Attachment 4)
- Application Narrative (Attachment 5)
- Budget Guidance (Attachment 6)
- Budget Template (Attachment 7)
- Taxpayer ID Form (Attachment 8)
- Payee Data Record (Attachment 9)
- Payee Data Record Supplemental (Attachment 10)
- Funding Summary and LHD Letter of Support (Attachment 11)
- PrEP-AP Enrollment Application Request (Attachment 12)