Request for Applications (RFA)
No. 19-10718
Project Empowerment

November 2019

California Department of Public Health
Office of AIDS (OA) Human Immunodeficiency Virus (HIV) Prevention Branch
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PART I: FUNDING OPPORTUNITY DESCRIPTION

A. Purpose

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

Project Empowerment is aligned with California's Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan and the National HIV/AIDS Strategy (NHAS), which directs federal HIV prevention funding allocations to the jurisdictions and communities where HIV is most heavily concentrated, and prioritizes resource distribution to activities most likely to reduce HIV transmission. The goal of this funding is to improve viral suppression among Black/AA and Latinx people living with HIV (PLWH), and to prevent HIV acquisition among Black/AA and Latinx people who are particularly vulnerable to HIV. The intended outcomes include increasing viral suppression, increasing linkage to and retention in HIV care, increasing knowledge of HIV status, and increasing linkage to and uptake of pre-exposure prophylaxis (PrEP). California Department of Public Health, Office of AIDS (CDPH/OA) will take in to account the EE's ability to effectively reach these populations through new and innovative strategies.

Per the Health and Safety Code (HSC) Section 120780.5, which establishes this funding for the purposes of providing comprehensive HIV prevention and control activities for the most vulnerable and underserved individuals living with, or at high risk for, HIV infection, EEs may include community-based organizations (CBOs), local health jurisdictions (LHJs), or collaborations between CBOs and LHJs. The HSC further establishes that no less than 50% of funding shall be awarded to CBOs.

Through this RFA, Project Empowerment will support implementation of an array of evidence-based and strength-based strategies that include biomedical, and structural interventions tailored to the needs of Black/AA and Latinx individuals/communities vulnerable to HIV.

Priority sub-populations may include 1) gay, bisexual, or other MSM, 2) transgender MSM, 3) transgender women, 4) cisgender women, and/or 5) people who inject drugs.

However, CDPH/OA will consider other populations for which local data indicates a disproportionate impact by HIV. The intent of Project Empowerment is to provide activities including, but not limited to, the following:

1. HIV testing, including the purchase of HIV test kits
2. Linkage to and retention in care for people living with HIV
3. PrEP-related and post-exposure prophylaxis (PEP)-related activities
4. Syringe services programs and related harm reduction services
5. Staffing and staff development.

CDPH/OA requests applications for innovative HIV/STI prevention approaches and activities for the purposes of this funding, 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 Black/AA and/or Latinx individuals/communities as demonstrated by data. This also includes the advancement of existing programs or approaches that have been deemed successful in serving Black/AA and Latinx individuals/communities.

Successful EEs will apply the following approaches to HIV prevention in their program planning strategies:

- Involvement of the Priority Population in Service Delivery
- Safe and Secure Program Environment
- Trauma-informed Approach
- Comprehensive Sexual Health Education
- Syringe services and related harm reduction approaches to support people who use drugs
- Health and Wellness Approach
- Social Networks

B. Background

Research finds that retaining PLWH in care in order to achieve viral suppression is the most efficacious strategy for reducing HIV incidence (Allison Perry, 2018). Meanwhile, with the emergence of various new evidence-informed HIV prevention interventions over the last several years, researchers and providers have come to recognize that no single approach aimed at increasing viral suppression is sufficient to control HIV, and that even the most efficacious interventions are not likely to succeed if they are delivered in isolation. Rather, they should include a combination of strategic prevention strategies that encompass prevention and care, and include biomedical, behavioral, and structural interventions.

Components that address cultural, social, economic, and other factors such as stigma and intimate partner violence, which directly influence HIV prevention and transmission, are also a valuable part of an overall strategy.

The programs this RFA will support will aim to increase access to HIV care, with an ultimate goal of increasing viral suppression rates, and preventing HIV among people underserved by existing HIV care and prevention programs.

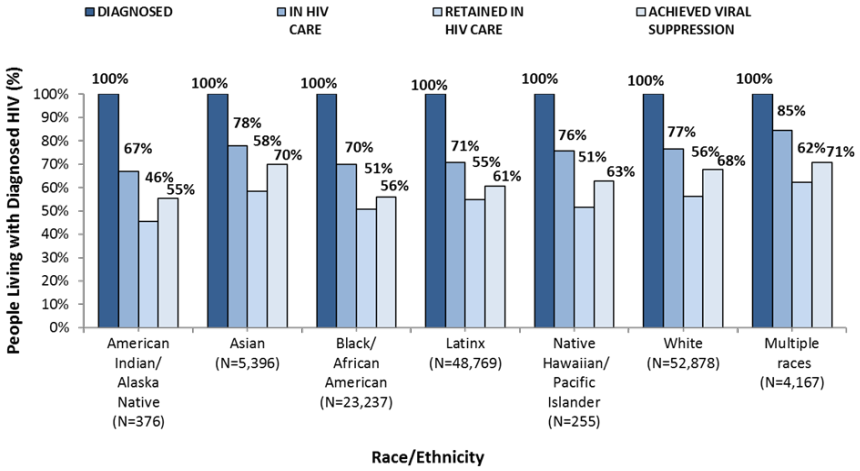
Based on surveillance outcomes and population size, OA has determined that Black/AA and Latinx individuals/communities are the most underserved. The following data demonstrates that:

- Viral suppression is low among Black/AAs
- Viral suppression is low among Latinx
- Latinx make up the largest percentage of new diagnoses
- A disproportionate number of Black/AAs are diagnosed with HIV as compared to other race/ethnic groups, among both men and women
- Black/AA and Latinx cisgender women are diagnosed at higher rates than White cisgender women
- Latinx transgender women make up the largest percentage of new HIV diagnoses among transgender women
- Young Black/AA and Latinx are less likely to know their HIV status, and less likely to be virally suppressed than young Whites
- Latinx have the highest percentage of AIDS diagnoses within 12 months of their HIV diagnosis

Viral suppression

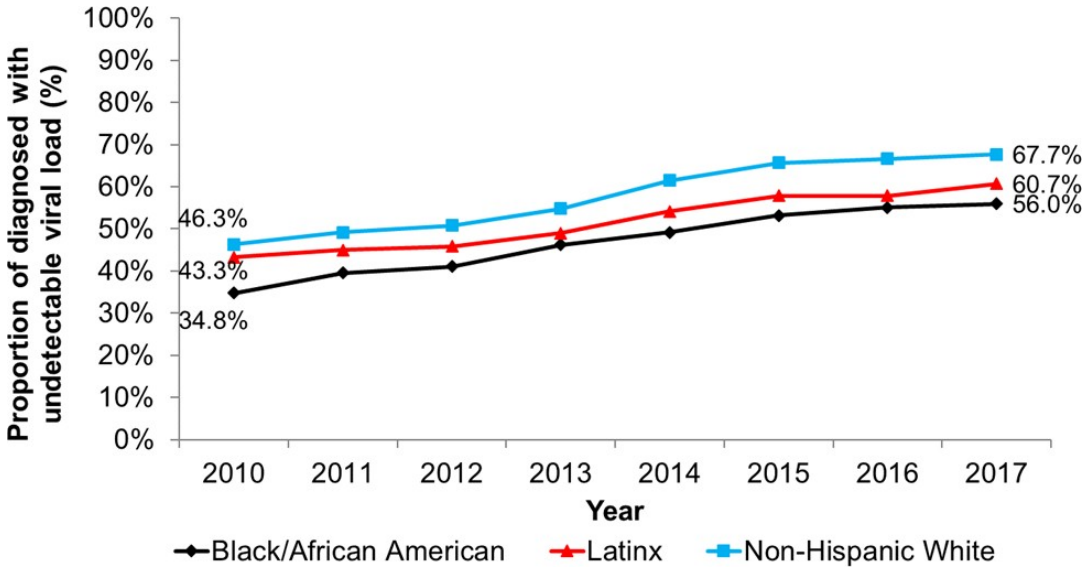
The continuum of HIV care by Race/Ethnicity (Figure 1) shows that Latinx were less likely to be virally suppressed (61%) compared to Whites, Asians, and multiracial persons (68%, 70%, and 71%, respectively). Black/AAs had lower viral suppression (56%) compared to all other groups, other than American Indian/Alaska Native (55%).

Figure 1. Continuum of HIV Care by Race/Ethnicity — California, 2017



The viral suppression of persons living with diagnosed HIV by race/ethnicity (Figure 2) shows that from 2010 to 2017, viral suppression among persons living with diagnosed HIV has increased substantially although notable disparities remain. Black/AA have had the largest increase in viral suppression, a 61% increase from 2010 to 2017, compared to a 46% increase for Whites and a 40% increase for Latinx. However, viral suppression among Black/AAs continues to be low at 56%, compared to Whites and Latinx (67.7% and 60.7% respectively).

Figure 2. Viral Suppression of Persons Living with Diagnosed HIV by Race/Ethnicity — California, 2010-2017

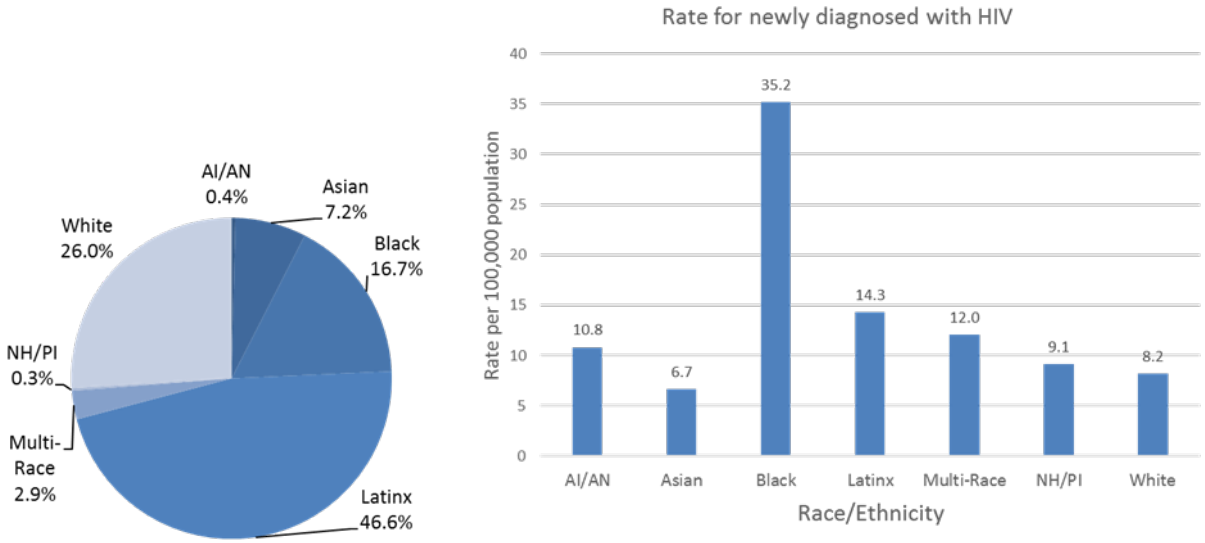


New diagnoses

The race/ethnicity of persons newly diagnosed with HIV (Figure 3) shows Latinx made up the largest racial/ethnic group among new HIV diagnoses in 2017 (46.6%), followed by Whites (26.0%), and Black/AAs (16.7%). The rate of new HIV diagnoses among Latinx was 1.7 times the rate of Whites. The greatest disparity was among newly diagnosed Black/AAs at a rate 4.3 times that of Whites.

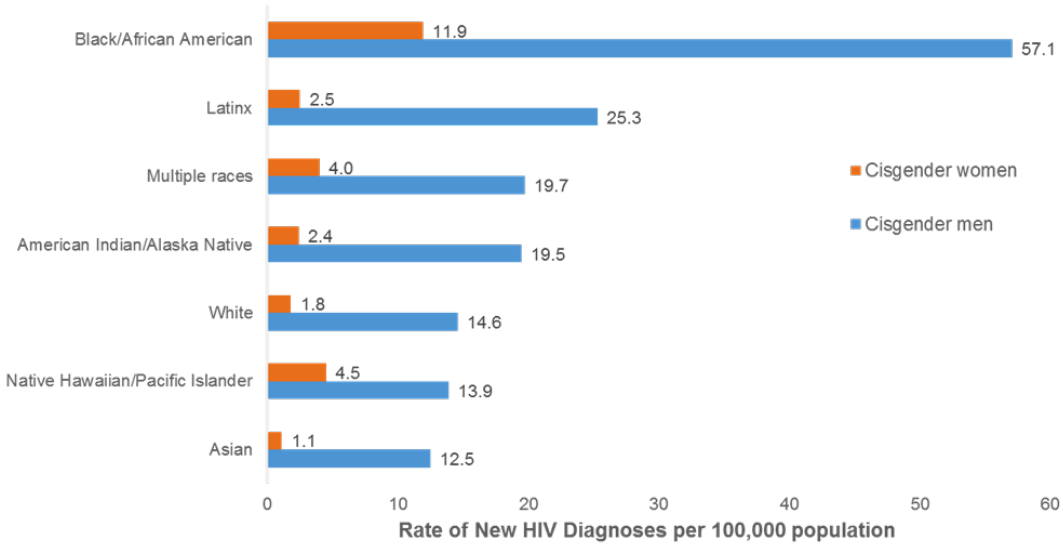
Latinx have the highest number of new diagnoses accounting for almost 47%; however, they also make up the largest racial/ethnic group in California at almost 40%. Black/AAs are among the groups most disproportionately affected by HIV in California, representing about 6% of California's population but accounting for almost 17% of new HIV diagnoses.

Figure 3. Race/Ethnicity of Persons Newly Diagnosed with HIV: California, 2017



The rate of new diagnoses* by race and gender (Figure 4) show Black/AAs are disproportionately affected by HIV with rates 3.9 times more than Whites among men and 6.6 times more among women. Latinx are also disproportionately affected by HIV with rates of new HIV diagnoses 1.7 times more than Whites among men and 1.4 times more among women. Although rates for transgender people are not available due to a lack of population denominators, it is estimated that both transgender women and men are disproportionately affected by HIV.

Figure 4. Rate* of New Diagnoses by Race and Gender- California, 2017

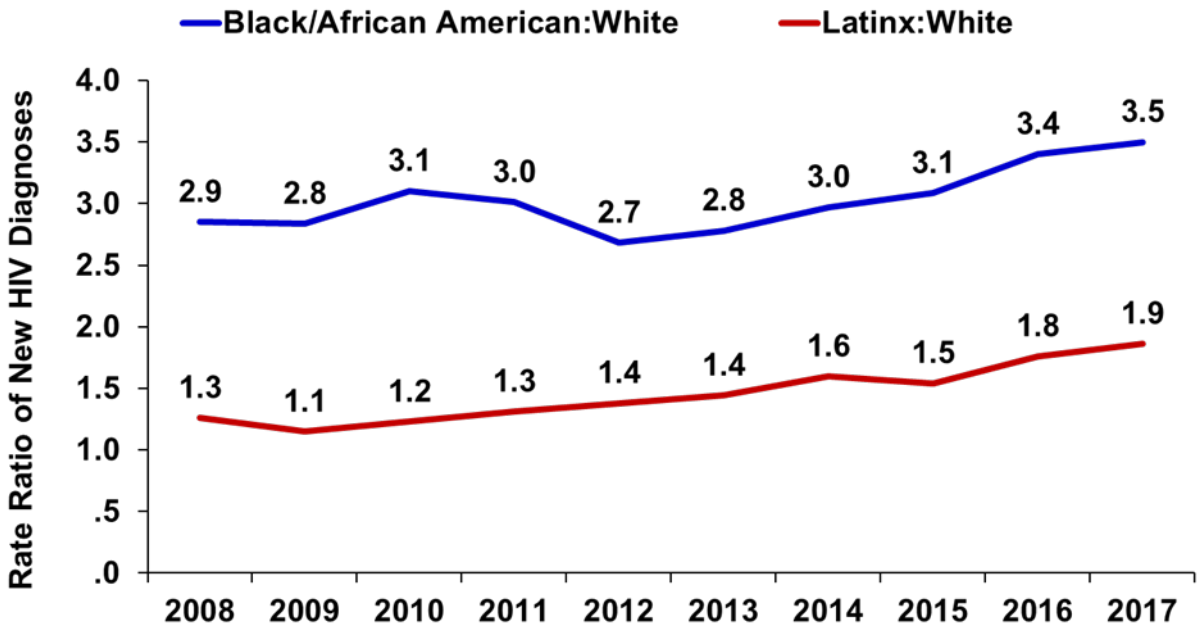


*Rate Explanation: Traditionally, disease rates take the form of "X number of cases per 100,000" of the population group specified. However, for some populations, such as male to male sexual contact (MMSC), it can be difficult to accurately estimate population denominators. For that reason, the *rates reported here represent the number of MMSC cases per 100,000 males within the specified race/ethnicity.

The rate ratios of new HIV diagnoses in MMSC (Figure 5) describe the magnitude of disparities between compared groups. In 2017, Black/AA MMSC were 3.5 times more likely to be diagnosed with HIV than White MMSC, and Latinx MMSC were 1.9 times more likely to be diagnosed with HIV than White MMSC.

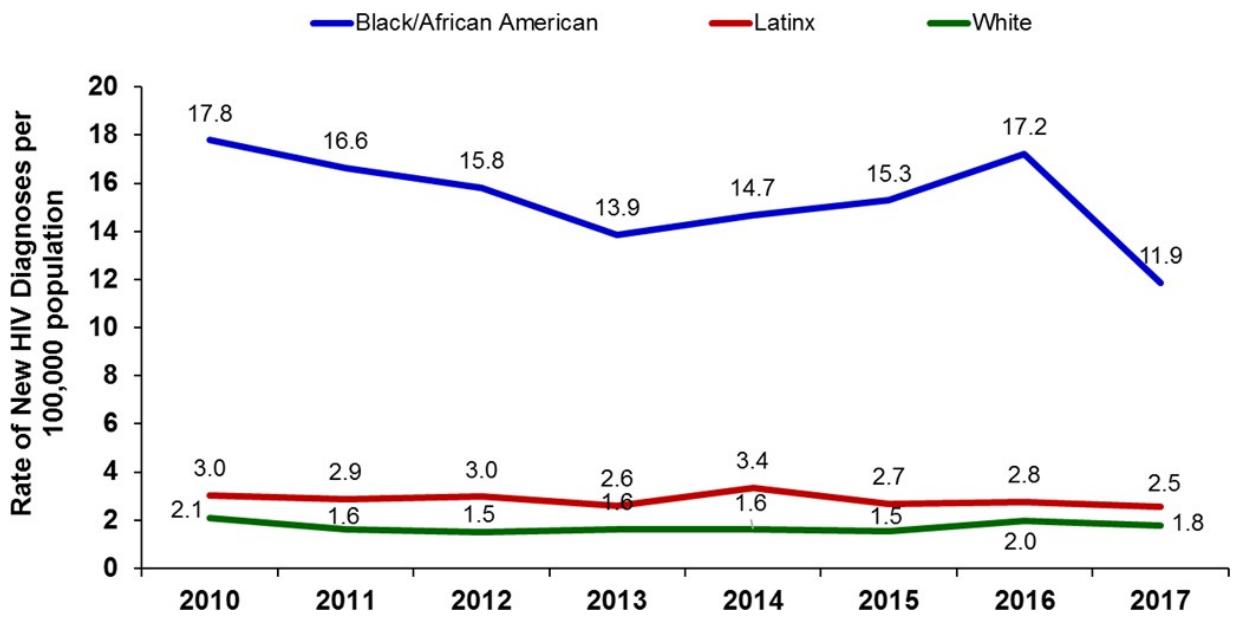
From 2008 to 2017, racial/ethnic disparities among MMSC have increased for Black/AAs and Latinx compared to Whites. The disparity remains higher between Black/AAs and Whites than for Latinx and Whites.

Figure 5. Rate* Ratios of New HIV Diagnoses in MMSC (including MMSCIDU) by Year of Diagnoses in California, 2008-2017



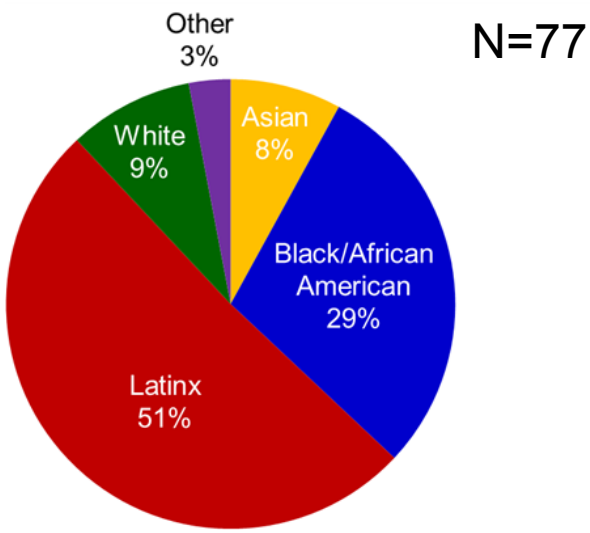
Rate of new HIV diagnoses in cisgender women (Figure 6) show that the rate of new HIV diagnoses has declined or remained stable since 2010 across race/ethnicity groups. Black/AA women have had the largest decrease, a 33% decrease from 17.8 new HIV diagnoses per 100,000 in 2010 to 11.9 in 2017. Yet, the disparity gap between Black/AAs and Whites remains large and is higher for women than it is for men.

Figure 6. Rate of New HIV Diagnoses in Cisgender Women by Race/Ethnicity and Year of Diagnosis in California, 2010-2017



The majority (80%) of new diagnoses among transgender people (Figure 7) were among Latinx (51%) and Black/AAs (29%). Although rates for transgender people are not available due to a lack of population denominators, evidence suggests that transgender people are disproportionately affected by HIV.

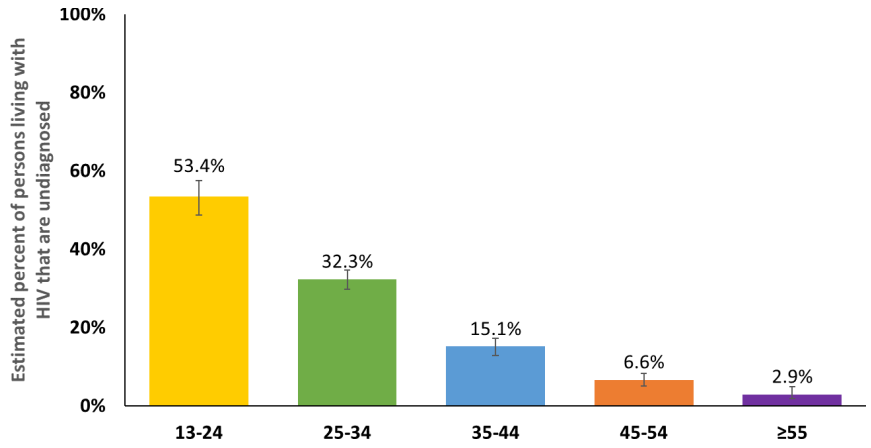
Figure 7. New HIV Diagnoses among Transgender People in California by Race/Ethnicity-- California, 2017



Youth

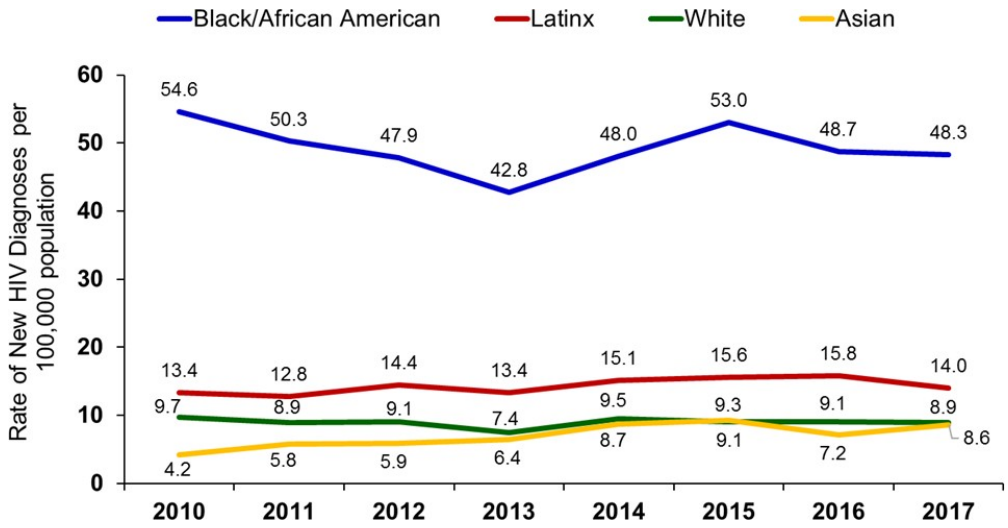
The Estimated percent of persons living with HIV that are undiagnosed by age group (Figure 8) shows an estimated 12% of people living with HIV in 2017 were unaware of their infection. Youth (aged 13-24) had the highest percentage of individuals estimated to be living with undiagnosed HIV of any age group. Among people aged 13-24 with HIV, an estimated 53% were unaware of their infection.

Figure 8. Estimated percent of persons living with HIV that are undiagnosed by age group in California, 2017



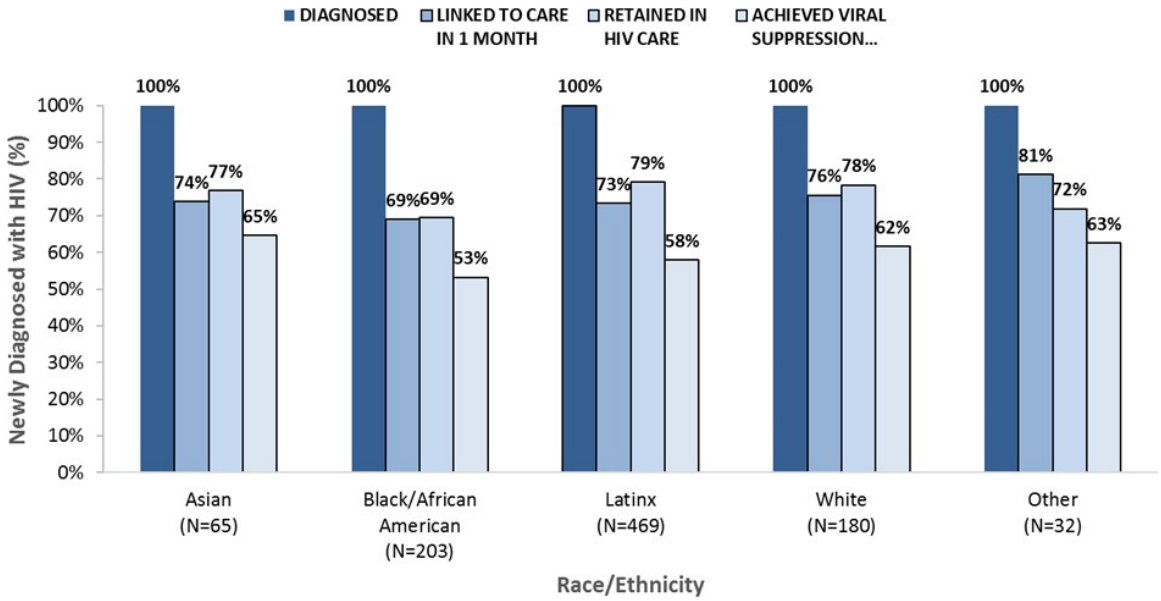
Rate of new HIV diagnosis among Black/AAs and Latinx aged 13 to 24 years (Figure 9) had lower viral suppression (53% and 58%, respectively) compared to all other groups within this age group.

Figure 9. Rate of New HIV Diagnoses aged 13-24 year by Race/Ethnicity and Year of Diagnosis in California, 2010-2017



The continuum of HIV care among youth aged 13 to 24 newly diagnosed with HIV (Figure 10) shows that Black/AAs and Latinx aged 13 to 24 years had lower viral suppression (53% and 58%, respectively) compared to all other groups within this age group.

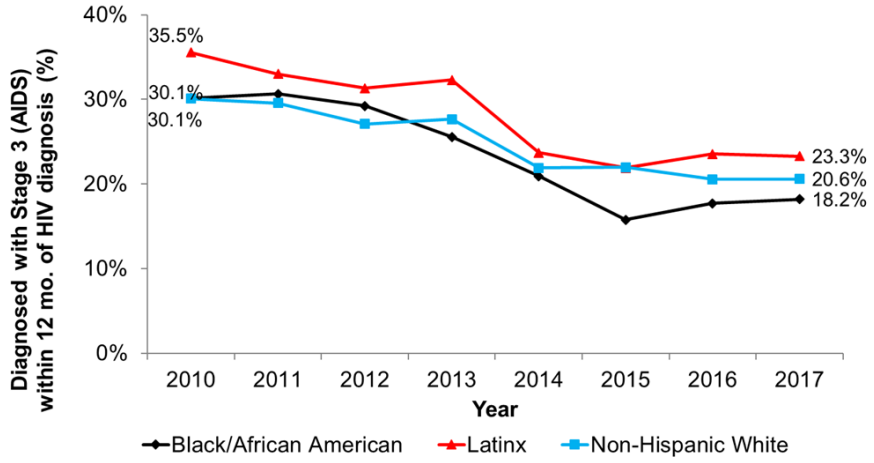
Figure 10. Continuum of HIV Care among Youth Aged 13 to 24 Years Newly Diagnosed with HIV by Race/Ethnicity — California, 2017



Stage 3 (AIDS) Diagnoses

Stage 3 (AIDS) diagnoses by race/ ethnicity (Figure 11) show that from 2010 to 2017, the percentage of late diagnoses decreased for all groups. Although Black/AAs and Whites had the same percentage of late diagnoses in 2010, AA/Backs have had a larger decrease in late diagnoses, a 40% decrease since 2010. Latinx have had a 34% decrease since 2010, and have a higher percentage of late diagnoses compared to Whites and Black/AAs.

Figure 11. Stage 3 (AIDS) Diagnoses by Race/Ethnicity — California, 2010-2017



C. Eligible Entities

Funding for this RFA is established in California HSC Section 120780.5. Upon an appropriation in the annual Budget Act, CDPH/OA shall award funding, on a competitive basis, to CBOs or LHJs to provide comprehensive HIV prevention and control activities for the most vulnerable and underserved individuals living with, or vulnerable to HIV infection. EEs may include individual CBOs and LHJs, as well as collaborations between CBOs and LHJs. EEs located in any county are eligible to receive contract funding. Not less than 50% of the total funds awarded in this RFA shall be provided to CBOs.

RFAs will be scored using a defined scoring tool. EEs eligible to receive this award must demonstrate that they have the organizational capacity to fulfill RFA program and administrative requirements including the ability to serve Black/AA and Latinx individuals/communities. EEs must also, through their applications, demonstrate expertise, history, and credibility at working successfully in engaging the most vulnerable and underserved individuals living with, or vulnerable to HIV infection. EEs include: 1) any LHJ in California, and 2) any CBO located within any LHJ in California.

Agencies that provide health care and/or linkage services may also apply; examples include Federally Qualified Health Centers (FQHCs), other community clinics, hospital emergency departments, other facilities where medical care is provided, and other government bodies.

EEs that intend to partner with another agency to provide medical care or any of the other required activities must include in their narrative response a detailed explanation of how services will be delivered.

All referrals or handoffs of clients for service provision must be warm handoffs followed by confirmation of service delivery. In addition, for reporting and evaluation purposes, CBOs must have an existing, or include a detailed plan to develop, a strong working relationship with the local county health department. Subcontractors may be located outside in any California jurisdiction, and CDPH/OA welcomes multi-jurisdictional applications.

D. Award Period

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

The terms of the resulting contracts will be four years in duration. The anticipated project start date referenced in the Tentative RFA Time Schedule may vary due to the time required to finalize the agreements, obtain signatures, and process the agreements between awardees and CDPH-OA. Awardees are not authorized to begin work until the agreement is finalized. Work conducted outside the effective start and end date of the agreement will not be eligible for reimbursement. All funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in California HSC 120780.6.

E. Tentative RFA Time Schedule

EVENT	DATE
RFA Released. Available on the CDPH/OA Website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	11/26/19 By 5:00 P.M.
RFA Application Webinar	12/03/19
Deadline for Submitting Written Questions	12/06/19 By 5:00 P.M.
Answers to Written Questions will be available on the OA website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	12/11/19 By 5:00 P.M.
Deadline to Submit Letter of Intent (Mandatory)	12/13/19 By 12:00 Noon
Application Submission Deadline	1/10/20 By 5:00 P.M.
Notice of Intent to Award Released. Available on OA Website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx	2/05/20 By 5:00 P.M.
Appeal Deadline	2/07/20 By 5:00 P.M.
Contract Start Date	Upon execution of contract

PART II: PROJECT REQUIREMENTS

A. RFA Award Allocations

The annual amount of $4.5 million for HIV prevention services will be awarded through the RFA to strengthen and support strategic program planning, service initiatives and capacity building among California's Black/AA and Latinx populations and sub-populations identified in the RFA. However, CDPH/OA will consider other populations for which local data indicates a disproportionate impact by HIV.

CDPH/OA will award 15 awards: two $1 million awards, eight $250,000 awards, and five $100,000 awards. Eligible entities **may only apply for one** of the following award tracks and amounts:

Track	Population Served	Award amount	Requirements	Restrictions
Track A Service Initiatives	Black/AA and/or sub-populations	One $1,000,000 award	Select minimum of 3 control activities. May also use up 10% of award on new media	
		Four $250,000 awards	Select minimum of 1 control activities	No new media
Track B Service Initiatives	Latinx and/or sub-populations	One $1,000,000 award	Select minimum of 3 control activities. May also use up 10% of award on new media	
		Four $250,000 awards	Select minimum of 1 control activities	No new media
Track C Staffing and Capacity Building		Five $100,000 awards	Funding may be used to hire and or re-assign staff to provide HIV prevention services to build capacity to serve Black/AA and/or Latinx populations.	No new media

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

B. Tracks A and B - Service Initiative/Program Requirements

This section includes a complete description of the programmatic approaches required for Tracks A and B of the RFA. EE's must describe program goals and proposed activities to implement an HIV Prevention program designed to provide innovative approaches and direct services to Californians from either Black/AA or Latinx populations and their sub-populations that may include: 1) gay, bisexual, or other MSM, 2) transgender MSM, 3) transgender women, 4) cisgender women, and/or, 5) people who inject drugs.

Use the Project Empowerment Application Narrative (Tracks A and B Only) template (Attachment 6) to address all program requirements. Applications that do not use the Application Narrative Template will be rejected.

Required Programmatic Approaches

Involvement of the Priority Population in Service Delivery

Applications are expected to involve Black/AA and Latinx PLWH and HIV negative individuals 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 ongoing involvement in an advisory capacity. EEs will be asked to describe how the priority population has been involved in the application development process and how they will be involved in the delivery of services.

Safe and Secure Program Environment

Community input and recommendations regarding best practices emphasize the need for programs serving Black/AA and Latinx populations 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 his or her personal expression of heritage and culture. 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.

Successful EEs will be expected to develop and maintain an easily accessible "safe space" where clients can discuss health, social and emotional issues, as well as receive services (e.g. housing, mental health, legal services). A key component to creating a safe program environment is hiring staff and peers who are not only welcoming and who will work with clients in a respectful manner, but are also representative of Black/AA and Latinx populations.

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.

Black/AA and Latinx communities are disproportionately impacted by trauma. The 2016 National Survey of Children's Health found that 61% of Black/AA children and 51% of Latinx children have experienced at least one adverse childhood experience. Black/AA and Latinx persons are disproportionately vulnerable to acquiring HIV or are PLWH who are victims of violence and/or may have a history of childhood sexual abuse, rape, incest. These same populations have experienced physical or emotional abuse when disclosing their HIV status to partners or family members. 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 have an understanding of 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.

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 Black/AA and Latinx populations, it is essential to ensure that medical providers, frontline staff and navigators use an intersectional approach to understand trauma.

Comprehensive Sexual Health Education

Comprehensive sexual health education addresses the root issues that help young Black/AA and Latinx populations make informed decisions to keep themselves safe and healthy. Programs should use a holistic approach to provide youth with accurate sexual health education that helps them reduce their vulnerability to HIV/STI 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 developing skills as well as learning. Programs that work with youth should provide youth, particularly, with the tools to make informed decisions, build healthy relationships, and prepare them for when/if they become sexually active. Programs should provide medically accurate information; encourage family communication about sexuality with parents/guardians; and teach youth the skills to make responsible decisions about sexuality.

Harm Reduction

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.

EEs 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.

Health and Wellness Approach

CDPH/OA encourages programs serving the priority population to integrate the concepts of health and wellness into their HIV/STI prevention services. The health and wellness model promotes comprehensive approaches that address the physical, psychological, and environmental impacts on an individual's overall health.

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.

Social Networks

CDPH/OA encourages the use of social network strategies to enlist persons who are HIV/STI positive or vulnerable to HIV in order 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.

Project Activities

Applications for $1 million awards must include, but are not limited to, a minimum of three of the following control activities, and applications for $250,000 awards must include, but are not limited to, a minimum of one of the following control activities. These activities are:

1. HIV testing, including the purchase of HIV test kits
2. Linkage to and retention in care for people living with HIV
3. PrEP-related and post-exposure prophylaxis (PEP)-related activities
4. Syringe services programs and related harm reduction services

Note: Funds from these contracts may be used for most costs associated with planning, implementing, building capacity and evaluating an innovative HIV prevention program and the required activities stated below. Examples include staff time, rent, training, transportation, and some costs related to medical care and treatment.

Project Objectives

Successful applications will demonstrate EE's proposal and capacity to accomplish the following required programmatic objectives, by providing responses to the components in the Project Empowerment Application Narrative (Tracks A and B Only) Template (Attachment 6).

1. Increase the number of Black/AA or Latinx individuals who know their serostatus
2. Increase the number of Black/AA or Latinx who are vulnerable to HIV on PrEP
3. Increase the number of AA /Black or Latinx persons newly diagnosed with HIV who are rapidly linked to HIV medical care (within 10 days of HIV diagnoses)
4. Increase the number of newly HIV diagnosed Black/AA or Latinx PLWH who are virally suppressed within six months of diagnosis
5. Increase the number of Black/AA or Latinx persons with diagnosed HIV infection who are virally suppressed

Project Components

Using the Application Narrative Template (Track A and B Only) (Attachment 6) respond to all items within each sections. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the EE and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

The review team will base it's scoring on the maximum points indicated for each section. Breakdown of total points for each section can be found below:

Program Component	Maximum Points
Priority Populations	10
Innovation	10
Required Programmatic Approaches	25
Required Community Engagement	20
HIV Testing	20
Linkage to and Retention in Care	20
PrEP and PEP	20
Syringe Services Programs	20
Staffing and Staff Training	10
EE Capacity	10
Program Monitoring and Evaluation Capacity	10
Total Possible Points	155/115*

*Applicants applying for the $1,000,000 dollar award will be scored on three of the four control activities that will total 155 points. Applicants applying for the $250,000 dollar award will be scored on one of the four control activities that will total 115 points.

Priority Populations

1. Must serve either Black/AA or Latinx individuals/communities vulnerable to HIV transmission.
2. Identify sub-populations that will be served. Sub-populations may include 1) gay, bisexual, or other MSM, 2) transgender MSM, 3) transgender women, 4) cisgender women, and 5) people who inject drugs.
3. Provide local epidemiological data, a local care continuum, HIV testing data, Ryan White Services data, and/or other data that demonstrate high HIV incidence, high rate of new HIV diagnoses, high testing positivity rate, and/or low rates of viral suppression for Black/AA or Latinx populations.
    a. For EEs that are LHJs: use local surveillance data, HIV prevention program data (if available), Ryan White Services data (if available).
    b. For EEs that are CBOs: use agency data, may use any applicable and available local, State, or national data.
4. Provide an estimated number of Black/AA or Latinx individuals, and estimated individuals representing any identified sub-populations, to be served by the project.
5. Provide a narrative explanation of the disparities that exist within the affected population and how the program will reduce those disparities.

Innovation

1. Projects must be innovative. CDPH/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 Black/AA or Latinx populations as demonstrated by data.
2. Describe innovative strategies to reach/engage your agency’s identified population and sub-population.
3. Describe how the approaches used by the EE will be culturally responsive to effectively reach Black/AA or Latinx populations.

Required- Programmatic Approaches

1. Describe how 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.
2. CDPH/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. If providing direct services, submit EE’s and/or subcontractors trauma-informed model and describe your agencies policy, procedure and practice of being trauma informed.

If your agency has not implemented this approach, describe your agencies plan to implement trauma-informed approaches in policy, procedures and practices by the end of the project period.

For additional information on trauma informed approaches to HIV care and prevention, access National Alliance of State and Territorial AIDS Directors (NASTAD) toolkit here.

3. 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. Describe how your agency incorporates the theory of intersectionality to understand and address trauma among persons vulnerable to, or living with HIV. If you are not currently incorporating intersectionality into client services, what is your agency's plan to do so?
4. Describe how EE will address HIV related stigma, medical mistrust, and systemic/ institutional oppression among the populations you will be serving.
5. Describe how the EE will incorporate a health and wellness approach in program planning and delivery.
6. 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. Describe what structural approaches or interventions EE has implemented or will implement for HIV prevention to improve outcomes of the identified population.
7. Cultural competence is the ability of your organization to effectively deliver services that meet the social, cultural and linguistic needs of your 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.
8. If EE will provide services to Black/AA and Latinx youth, describe EEs plan to provide or enhance a holistic approach to comprehensive sexual education (e.g. sex positive messaging, healthy relationships, safe and consensual sexual activities, etc.)

Required- Community Engagement

1. Describe how EE will provide services that are culturally, linguistically, developmentally and age appropriate.
2. How will the identified priority population be involved in the planning and design of the proposed project? Describe how the proposed project will meet the identified needs of the priority population.

3. 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 EE will utilize social networks to deliver and strengthen service delivery to Black/AA or Latinx populations.
4. Describe what client engagement strategies will be used to engage clients in the proposed services/interventions. If new media will be utilized for client recruitment/engagement activities, indicate the media tools that will be used and how they will be utilized and deemed successful in the proposed program.
    a. New media has the potential to deliver HIV/STI and positive sexual health prevention messages/programs to the priority population in a cost-effective way. New media includes: social media (social networking sites), mobile applications, internet sites, social marketing campaigns/ initiatives, and videos to capture the power of storytelling.
    b. Note: Funded agencies must adhere to CDPH/OA's guidelines around new media. This activity is only available for the (2) $1 million awards. New media may only account for a maximum of 10% ($100,000) of the annual budget each year. New media must be fully developed and advertised before the end of the project period. Any materials created must be available to CDPH/OA for distribution throughout the state of California or as needed outside of the state.
5. Describe any community assessment tools that have been used to determine priority population needs. What were the outcomes of this assessment? If no assessment has been conducted, describe how your agency will determine the needs of the population.
6. Describe your experience with community engagement and history with reaching the priority population. How will you gain or maintain trust within these communities?

Tracks A and B: For Components 5-8 choose three of the following control activities ($1 million awards only) or one of the following control activities ($250,000 awards only)

HIV Testing

1. What outcome does the EE's HIV testing activities aim to achieve?
2. Identify the type of HIV testing activities to be performed by the EE (i.e. routine opt-out testing focused HIV testing and/or purchase of HIV test kits).
3. For focused testing programs, describe how, by whom and where rapid HIV testing will be provided and which HIV test kit will be used.
4. Identify the venue(s) that will be performing HIV testing activities and include letters of support, if applicable.
5. Describe the EE's existing and/or planned collaborations with HIV testing sites including public health focused testing sites and routine opt-out testing sites (i.e. emergency rooms or primary care providers).

6. How will the EE's proposed program enhance and promote access to HIV testing for the Black/AA or Latinx individuals?
7. Describe the EE's process for linkage to PrEP navigation services after providing a negative test result to an individual who may be vulnerable to acquiring HIV.
8. Describe the EE's process for providing PEP for individuals tested who may have had a possible exposure to HIV within the last 72 hours.
9. Describe the EE's process for eliciting partners of clients who test positive for HIV.
10. Describe which, if any, other tests that the EE offers and performs (ex: syphilis, gonorrhea, Hepatitis C). What is your linkage to care process for any positive tests?
11. Describe (by providing the data in the Application Narrative Template) the EE's existing capacity to test Black/AA or Latinx clients for HIV in the last calendar year.

Linkage to and Retention in Care

1. What outcome does the EE's linkage to care activities aim to achieve? What outcome does the EE's retention activities aim to achieve?
2. Provide the actual or estimated time it currently takes the EE to link a person to care.
3. Describe the initial client interview process for an individual newly diagnosed with HIV. Describe follow-up and retention activities and procedures.
4. Describe the process (es) for providing and ensuring linkage to HIV care within 10 days for individuals with preliminary and confirmed HIV-positive test results.
5. Describe the process (es) that will be used to identify previously diagnosed HIV-positive clients who are not currently receiving care, for inclusion in the project.
6. Describe how the EE identifies and addresses individual, systemic, and/or structural barriers to engagement in care.
7. Describe how the EE identifies and addresses individual, systemic, and/or structural barriers to medication adherence and retention in care.
8. Describe how EE assesses and assists those at risk of being lost to care and/or get out-of-care clients back into care and treatment services.
9. Describe how the EE will link HIV-positive individuals to a patient-centered medical home to assist in achieving viral suppression.
10. What is your process to link uninsured or underinsured clients to benefits?
11. Describe the EE's process to screen and refer individuals to other essential support services (i.e. benefits navigation and enrollment, mental health and substance use services, housing, transportation, employment services, and other high impact HIV prevention services).
12. Describe (by providing the data in the Application Narrative Template) the EE's existing capacity to link Black/AA or Latinx PLWH to HIV care in the last calendar year.
13. Describe (by providing the data in the Application Narrative Template) the EE's existing capacity to retain Black/AA or Latinx PLWH in HIV care in the last calendar year.

PEP and PrEP

1. What outcome does the EE's PrEP and PEP activities aim to achieve?
2. Describe how and where clients will be screened, assessed, and referred to PrEP and PEP services.
3. Describe innovative methods and interventions used to engage the identified populations to use PrEP.
    a. What is the estimated number of clients from each identified sub-population(s) you anticipate linking to PrEP? What data (qualitative and quantitative) are you using to make this estimate?
4. Describe the ways PrEP is being discussed and recommended to clients (i.e. PrEP 211, intermittent, daily, etc.). What are the most successful methods of PrEP uptake among clients and how is your agency measuring the success of these methods?
5. Describe the challenges and barriers among PEP and/or PrEP uptake among Black/AA or Latinx clients. What strategies will be deployed to avoid or overcome those barriers within this project?
6. Describe EE's procedures to transition clients from PEP to PrEP.
7. Describe (by providing the data in the Application Narrative Template) the EE's existing capacity to link Black/AA or Latinx PLWH to PrEP in the last calendar year.

Syringe Service Programs (SSP)

1. What outcomes does the EE's SSP aim to achieve?
2. Describe key characteristics of the population of the Black/AA and/or Latinx people who inject drugs (PWID) you will serve (e.g. gay men and other MSM, trans, unhoused, etc.) How do the needs of these populations or access to harm reduction services differ, and how will your SSP tailor services specifically for these populations?
3. Describe your harm reduction philosophy and core services. What innovative practice will you implement to serve your priority population?
4. Describe SSP's syringe distribution policy (e.g., needs-based or limited) and the justification for the exchange policy.
5. Describe your syringe collection and syringe litter prevention and abatement activities.
6. Describe any leadership, training, and employment opportunities you have for people who use drugs.
7. Describe how staff members are trained to provide education and treatment referral for significant drug user health issues, including overdose risk, viral hepatitis, abscess prevention and wound care.
8. Describe the safer injection education and other health education you provide.
9. Demonstrate that staff, including any subcontractors and consultants, possess the training, skills, and experience consistent with the needs of the project.

Staffing and Staff Training

1. Describe the EE's planned staffing for the project. Include any peer related staffing. Indicate who will be responsible for development and management of the program.
2. Describe staff personal and professional experience working with Black/AA or Latinx populations.
3. Describe how new or reassigned staff will be effective in reaching the identified priority population(s) for this project.
4. Describe how hiring or reassigning staff will fill gaps in serving the Black/AA or Latinx individuals/communities.
5. Describe how these positions/roles will contribute to the desired outcomes of this project.
6. If staff hiring or reassignment will occur for this project, discuss EE's capacity to hire/reassign staff within the first period (February 1, 2020 to March 31, 2020).
7. If any personnel positions are listed as "to be determined" in project budget, provide EE's plan for hiring the open position(s). (Note: if awarded funding, failure to fill positions within the first quarter of fiscal year one without receiving an extension from CDPH/OA may result in the termination of funding.)
8. Discuss EE's capacity to maintain project integrity in the event of staff turnover.
9. If consultants will be hired to meet program requirements, identify the consultants. Explain the need for hiring a consultant, and specify the consultant's role and responsibilities in the project.
10. If EE will be working with subcontractor(s), describe specifically EE's plan for monitoring subcontractor performance.
11. Staff funded through this project, or working in-kind, should be listed in the budget table.

    Note: CDPH/OA caps allowable administrative costs at 10% for personnel.

EE Capacity

1. List any concurrent or 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.
2. List other agency funding used to provide HIV prevention services for Black/AA or Latinx populations. Include the funding source, activities being funded and when the funding will end. Describe how the proposed program will be distinct without duplicating services.
3. Describe EE's ability to serve the Black/AA or Latinx clients. If a referral model or intra-agency collaborations are planned, describe the EE's relationships with those agencies that demonstrate expertise, history, and credibility working successfully in engaging the priority population(s), and specify the policies and protocols that will ensure the services are delivered. Attach letters of support if collaborations are planned.

4. Describe the EE's experience in implementing evidence-based and/or strength-based programs or innovative strategies that will lead to outcomes that are aligned with goals of this project.
5. If clients will be referred to outside care providers, specify any relationships with community-based HIV and/or non-HIV health care providers that have a successful history of working with the priority population(s).
6. If the EE intends to conduct any activities via referrals or collaboration with partner agency(ies):
    a. Specify the partner agency (ies).
    b. Describe the process for warm handoffs of clients to partner(s). If warm handoffs are not planned, explain how you will link the client to care.
    c. How will the EE ensure that clients have been referred to prevention, care, treatment and support services?

    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.

7. Describe the EE administrative systems and accountability mechanisms for contract management

Program Monitoring and Evaluation Capacity

1. At least 10% of EE's budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control.
2. Quantitative evaluation: EE will enter client-level data into CDPH/OA's prevention database, Local Evaluation Online (LEO). CDPH/OA will provide the necessary data collection forms and training regarding system use.
3. Qualitative evaluation: EE will collaborate with CDPH/OA before program implementation, at program end, and as needed during the demonstration to: 1) document current protocols, 2) document and assist with any mid-cycle changes, and 3) provide progress report summaries at appropriate intervals and at end of contract period.
4. EE's must demonstrate the capacity to collect and monitor project data, including; established processes for data collection, entry, and routine monitoring, sufficient staffing numbers, and inter-agency agreements as needed.
5. EE's must demonstrate the capacity to implement the required data management, monitoring, quality control, progress reporting, and OA led program evaluation activities for the entire contract period (e.g. staff capacity and experience, data system resources).
6. Describe available staff, or plans to hire or reassign staff, that will facilitate all evaluation activities and requirements listed above to be initiated and implemented continuously throughout project duration.
7. Describe contingency plans to address anticipated delays in implementation of evaluation activities (e.g., gaining access for data entry, hiring of staff, etc.).

Include additional resources EE anticipates will be needed to successfully manage project data (project budget can include funding for hiring of data management staff).

C. Track C - Staffing and Capacity Building/Program Requirements

This section describes the program requirements for Track C of the RFA. Positions funded by this award may be either full time or a percentage of a full time employee (FTE). In addition to funding staff time, an EE may include in their application a plan to build, increase or improve organizational and/or staff capacity to assist in serving Black/AA and/or Latinx populations.

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

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

EEs may conduct the following activities, but are not limited to: 1) hire and/or reassign staff, 2) provide staff care activities, 3) support staff development and training, and 4) build organizational capacity to serve Black/AA or Latinx individuals and communities. EEs should discuss how they will invest in the effectiveness and future sustainability of the agency to address the needs of Black/AA and/or Latinx populations. Use the Track C Application Narrative Template (Attachment 7) to address all program requirements. Applications that do not use the Application Narrative Template will be rejected.

Program Activities

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

Program Objectives

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

4. Develop and create sustainable organizational capacity to address the gaps that exist in serving Black/AA and Latinx populations.

Program Components

Using the Track C Application Narrative Template (Attachment 7) respond to all items within each sections. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the EE and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

The review team will base it's scoring on the maximum points indicated for each section. Breakdown of total points for each section can be found below:

Program Component	Maximum Points
Priority Populations Served	10
Staff Recruitment	20
Staff Care Activities	20
Staff Development and Training	15
Organizational Capacity Building	10
Program Monitoring and Evaluation Capacity	10
Total Possible Points	85

Priority Populations Served

1. The EE currently serves either Black/AA or Latinx individuals/communities vulnerable to HIV. Sub-populations may include 1) gay, bisexual, or other MSM, 2) transgender MSM, 3) transgender women, 4) cisgender women, and/or 5) people who inject drugs.
2. Identify the priority population(s) listed above that are served by the EE.
3. Provide local epidemiologic data, a local care continuum, HIV testing data, Ryan White Services data, and/or other data that demonstrate high HIV incidence, high rate of new HIV diagnoses, high testing positivity rate, and/or low rates of viral suppression for Black/AA and Latinx populations.
4. Provide an estimated size of the Black/AA and/or Latinx populations currently served by the EE.
5. Describe the EE's current ability to serve the Black/AA or Latinx clients.
    a. Total number of individuals (all populations) served in the last calendar year
    b. Total number of Black/AA or Latinx individuals served in the last calendar year
6. Provide a narrative explanation of the disparities that exist within the affected population, and describe how the project will reduce those disparities.

Staff Recruitment

1. Describe the EE's onboarding procedures, and how staff will be cross-trained to minimize the disruption from unexpected staffing changes.
2. Describe the EE's planned staffing for the project. Include any peer related staffing. Indicate who will be responsible for development and management of the program.
3. Describe staff personal and professional experience working with Black/AA and/or Latinx populations.
4. Describe how new or reassigned staff will be effective in serving Black/AA and/or Latinx clients.
5. List all programmatic activities that staff will provide to Black/AA and/or Latinx individuals and communities.
6. How will hiring or reassigning staff fill existing gaps in serving Black/AA and/or Latinx populations?
7. Describe how these positions/roles will contribute to the desired outcomes of this RFA.
8. If staff hiring or reassignment will occur for this project, discuss EE's capacity to hire/reassign staff within the first period (February 1, 2020 to March 31, 2020).
9. If any personnel positions are listed as "to be determined" in project budget, provide EE's plan for hiring the open position(s). (Note: if awarded funding, failure to fill positions within the first quarter of fiscal year one without receiving an extension from OA may result in the termination of funding.)
10. Describe the EE's leadership transition plan to ensure the timely delegation of duties and authority whenever there is an unexpected transition or interruption in key leadership
11. Staff funded through this project, or working in-kind, should be listed in the budget table.

Note: CDPH/OA caps allowable administrative costs at 10% for personnel.

Staff Care Activities

1. Describe how the EE will provide a safe and secure work environment
2. Describe how the EE will provide a trauma-informed approach in caring for staff who serve and/or represent Black/AA and/or Latinx populations
3. Describe how the EE will use cultural competency and humility approaches to working with staff who serve and/or represent Black/AA and/or Latinx populations
4. Describe what support services your EE offers to staff
    a. Example: Housing instability, health and retirement benefits, mental health and counseling services
5. Describe how the EE will assess and support staff who may experience burnout
6. Describe any additional activities the EE will deploy to sustain and support staff who are serving Black/AA and/or Latinx populations.

Staff Development and Training

1. Describe how the EE will invest in staff development and promotional opportunities for individuals who serve or represent the Black/AA and Latinx population
    a. Example: Allow and empower staff to create their own job titles that will make them more marketable to future employers
2. Describe how the EE will identify leadership development opportunities for staff to expand their leadership skills.
3. Describe how the EE will adequately support newly-placed employees, such as with coaching, mentoring, and defining goals

Organizational Capacity Building

1. List any concurrent or 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.
2. What are the EEs desired outcomes for organizational capacity building?
3. Describe, in detail, all capacity building activities the EE will conduct with funding from this award, and how these activities will result in increased organizational capacity to serve Black/AA and/or Latinx clients.
    a. Example: Development of grant writing skills, project management, strategic planning, program development

Program Monitoring and Evaluation Capacity

Overview: At least 10% of EE's budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control.

1. Quantitative evaluation: EE will enter client-level data into CDPH/OA's prevention database, Local Evaluation Online (LEO). CDPH/OA will provide the necessary data collection forms and training regarding system use.
2. Qualitative evaluation: EE will collaborate with CDPH/OA before program implementation, at program end, and as needed during the demonstration to: 1) document current protocols, 2) document and assist with any mid-cycle changes, and 3) provide progress report summaries at appropriate intervals and at end of contract period.
3. EE's must demonstrate the capacity to collect and monitor project data, including; established processes for data collection, entry, and routine monitoring, sufficient staffing numbers, and inter-agency agreements as needed.
4. EE's must demonstrate the capacity to implement the required data management, monitoring, quality control, progress reporting, and CDPH/OA led program evaluation activities for the entire contract period (e.g. staff capacity and experience, data system resources).

5. Describe available staff, or plans to hire or reassign staff, that will facilitate all evaluation activities and requirements listed above to be initiated and implemented continuously throughout project duration.
6. Describe contingency plans to address anticipated delays in implementation of evaluation activities (e.g., gaining access for data entry, hiring of staff, etc.). Include additional resources EE anticipates will be needed to successfully manage project data (project budget can include funding for hiring of data management staff).

D. Budget

The budget template (Attachment 5) must be completed using the budget guidance (Attachment 4). The budget template must explain all expenses included as instructed in the budget guidance.

EEs are responsible for ensuring the calculations in the budget are accurate. There will be no reimbursement of pre-award costs. CDPH/OA reserves the right to deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

PART III: ADDITIONAL REQUIREMENTS AND SUBMISSION

A. Questions and Application Evaluation Process

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

All such inquires shall identify the author, EE 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 the time and date referenced in the Tentative RFA Time Schedule. Questions will be accepted via e-mail at the address below.

E-Mail Address

ProjectEmpowerment@cdph.ca.gov

All questions and CDPH/OA's responses will be posted and available on the CDPH/OA website referenced in the Tentative RFA Time Schedule. 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 date indicated in this section, the EE shall submit an application at EE's 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.

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.**

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 the contract terms if the EE is awarded the contract. Although personnel budgets may be submitted with unfilled positions noted as "to be determined," no changes in subcontractors or changes in staffing are allowed after a contract is awarded without OA approval of a formal contract amendment. Please note that submitting budgets with "to be determined" positions will not exempt the EE from providing detail on specific services to be provided by the positions listed.

a. 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 meets California's needs.

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

i. EE failed to submit a Letter of Intent by the deadline required by this RFA.
ii. The application is received after the deadline set forth in this RFA.
iii. Failure of the EE to complete required forms and attachments as instructed in this RFA or as instructed in the attachments.
iv. Failure to meet format or procedural submission requirements.
v. EE provides inaccurate, false, or misleading information or statements.
vi. EE is unwilling or unable to fully comply with proposed contract terms.
vii. EE supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
viii. EE does not meet EE qualifications set forth in this RFA.

ix. EE does not use and/or modifies the Project Empowerment Application Narrative Template or other provided attachments.

b. 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 CDPH/OA. The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California's needs, the likelihood of maximally reducing new HIV infections and RFA requirements.

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

B. Instructions for RFA Submission

1. Letter of Intent – MANDATORY – date and time as referenced in the Tentative RFA Time Schedule Prospective EEs are **required** to submit the Letter of Intent to CDPH/OA indicating their intent to submit an application in response to this RFA. **The Letter of Intent must include the award track and amount** prospective EEs will be applying for and must be signed by an official authorized to enter into a contractual agreement on behalf of the EE. **Upon submitting the letter of intent, CDPH/OA will send the EE all required application attachments**. The Letter of Intent must be sent via e-mail to the address below. EEs that fail to submit a Letter of Intent by the specified deadline are precluded from submitting an application for consideration.

Email Address

ProjectEmpowerment@cdph.ca.gov

2. 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, 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 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 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 1-7) must be submitted. A brief description of each section to be included is given below:

i. Application Certification Checklist

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 letters of support and evidence of HIV prevalence among specific populations.*

ii. 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.

iii. 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 EE's current activities.

iv. Budget Template (Excel workbook)

Complete the Budget Template (Attachment 5) for each funding period: The terms of the resulting contracts will be 4 Fiscal Years (FY) in duration as noted below. Funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in California HSC 120780.6.

v. Application Narrative Template

Complete the Application Narrative Template for Tracks A&B (Attachment 6) and Track C (Attachment 7) covering the funding period, from February 1, 2020 through June 30, 2023. The application narrative for Tracks A&B must include complete descriptions of your plan to carry out Part II: Section B– Service Initiative/Program Requirements, beginning on page 17 of this RFA. The application narrative for Track C must include complete descriptions of your plan to carry out Part II: Section C– Staffing and Capacity Building /Program Requirements, beginning on page 29 of this RFA.

FY1: February 1, 2020 to June 30, 2020
FY2: July 1, 2020 to June 30, 2021
FY3: July 1, 2021 to June 30, 2022
FY4: July 1, 2022 to June 30, 2023

See the Budget Guidance (Attachment 4) 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, duties, etc. found in the Budget Template (Attachment 5) must explain and justify both program services funded by other funding and those, if awarded, funded by this contract.

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.

vi. Required Forms/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. Letters of support: If the EE will provide services across multiple local health jurisdictions, the EE must provide a letter of support from each jurisdiction where services will be provided.

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

3. Application Submission Instructions

   Applications must be submitted via e-mail to the address below as referenced in the Tentative RFA Time Schedule.

E-Mail Address

ProjectEmpowerment@cdph.ca.gov

4. Notification of Intent to Award

   Notification of the State's intent to award contracts for Project Empowerment will be posted on the CDPH/OA website. Additionally, a letter will be e-mailed to all EEs notifying them of the status of their application.

5. 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.

6. Contracts Award Appeal Procedures

   An EE who has submitted an application 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:

   - i CDPH/OA failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.
   - ii 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 ProjectEmpowerment@cdph.ca.gov and must be received as referenced in the Tentative RFA Time Schedule.

The CDPH/OA Division Chief, or her designee, will then come to a decision based on the written appeal letter. The decision of the CDPH/OA Division Chief, 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 contract when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDPH/OA.

7. Miscellaneous RFA Information

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

The award of a contract by CDPH/OA to an entity that proposes to use subcontractors for the performance of work under the resulting contract shall not be interpreted 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 entity or organization that had the next highest ranking in the evaluation process for completion of the remaining contract work.

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an 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 contract to best meet the needs of all parties.

8. 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 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 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.