



Strategic Rapid Antiretroviral Treatment

Request for Applications (RFA) No. 23-10041

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California Department of Public Health (CDPH)
Office of AIDS (OA)
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Tentative RFA Time Schedule

Table 1. Tentative RFA Time Schedule

Event	Date
RFA release RFA available on CDPH/OA website: Request for Application	Monday, 3/20/23 by 5PM PST
Pre-Application webinar	Friday, 3/24/23 at 1PM PST
Deadline for submitting written questions	Wednesday, 3/29/23 by 5PM PST
Answers to written questions available on CDPH/OA website: Request for Application	Tuesday, 4/4/23 by 5PM PST
Deadline to submit mandatory Letter of Intent (LOI)	Friday, 4/7/23 by 12PM PST
Application submission deadline	Thursday, 5/11/23 by 5PM PST
Notice of intent to award released And available on CDPH/OA website: Request for Application	Wednesday, 5/31/23 by 5PM PST
Appeal deadline	Wednesday, 6/7/23 by 5PM PST
Anticipated contract start date	Upon execution

Purpose

The purpose of this RFA is to fund the development of innovative, stigma-free, culturally, and linguistically competent, evidence-based demonstration projects that will deliver rapid antiretroviral treatment (ART) to people living with HIV (PLWH). For the purposes of this RFA, “rapid ART” is defined as initiation within 0-3 days. Projects must be strategic in that they intentionally serve individuals from the most underserved populations that are most disproportionately affected by HIV and must do so by implementing a combination of in-person and telehealth services. As indicated by HIV surveillance data, the populations most vulnerable to HIV are Black/African American (AA) and Latinx individuals. Applicants may propose to serve other populations for which local and/or national data indicates a disproportionate impact by HIV (e.g. Native Hawaiian/Pacific Islanders (NH/PI) or American Indian/Alaskan Native (AI/AN)). Projects will include rapid initiation of ART, medication adherence counseling, follow-up and education using a combination of in-person and telehealth methods to improve retention in care and increase viral suppression rates. Additionally, projects will educate clients, medical providers, clinic/agency staff and the community at large about the concept and principles of Undetectable = Untransmissible (U=U). Through these program

components, the resulting projects will substantially reduce the time to viral suppression for PLWH, provide clinical benefits to clients and reduce risk of HIV transmission.

Health & Safety Code (HSC) Section [121287](#) allows CDPH/OA to establish, through a competitive award process, public health demonstration projects, which must be innovative, use evidence-based approaches to provide outreach, HIV and hepatitis c virus (HCV) screening and provide linkage to and retention in care for the most vulnerable and underserved populations in the state.

In the winter of 2020, the onset of the COVID-19 pandemic resulted in a massive ripple effect in HIV prevention and care programs statewide. Local health jurisdiction (LHJ) and community-based organization (CBO) staffing was greatly affected as individuals were reassigned to COVID-19 response, leaving HIV prevention and care services understaffed and spread thin. As COVID-19 infection rates increased, the resulting shelter-in-place order also reduced staff in the field. LHJ, clinic and CBO closures caused interrupted and limited services, including in-person appointments. Community outreach stopped as services came to a halt and client and staff fear and anxiety around COVID-19 mounted. However, the HIV prevention and care community have pivoted by using innovative approaches to continue to provide services using the principles of telehealth. As such, applicants must be able to demonstrate that they can bolster their services using the methods of telehealth and/or telemedicine in their applications.

The goal of this funding is to improve health outcomes for Black/AA, Latinx or data supported underserved PLWH through several methods including but not limited to:

- reduce time to linkage and engagement in ART while prioritizing linkage for individuals with suspected acute infection;
- implement the benefits of medication adherence counseling to promote and increase viral suppression among PLWH while helping them to achieve the best possible health outcomes and live happy, healthy lives;
- prevent future HIV acquisition within communities that are disproportionately affected by HIV;
- conduct follow-up and education shortly after ART initiation to confirm treatment began;
- identify and address barriers to adherence and retention in care, and provide additional education as appropriate;
- educate clients, medical providers, and clinic/agency staff on the benefits of U=U for both the client and community at large to promote the best possible health outcomes for PLWH and to reduce stigma.

Before initiating ART, clients should be counseled on the importance of daily adherence, possible side effects, adherence strategy options, and the benefits of ART to both the client, their sexual and drug-using partners, and the community. Time should be allocated for client follow-up soon after initiation (preferably 2-4 days) to confirm that

the client received their medications and that they started treatment. This session should be an opportunity to identify and address challenges to retention in care, to provide or refer to essential support services, and provide additional education as necessary. Providers should assure their clients from many different walks of life are able to live happy, and healthy lives with the help of ART as this may help to normalize treatment and reduce internalized stigma.

Awardees must share their treatment protocols and flowcharts with OA and other awardees to share best practices among their projects. Treatment protocols should improve the process for client linkage and initiation of ART by decreasing the number of steps and time from HIV diagnosis to initiation of treatment. Proposals should be comprehensive by addressing cultural, social, and economic factors that may have an affect on clients. By doing so, potential benefits to the client may include increased retention in care, more positive health outcomes, and increased satisfaction with their care.

OA defines “innovative” as newly developed, novel, original or new to your agency and/or community. Applicants are encouraged to replicate existing, evidenced-based programs and modify them for integration into their agency. **Existing Strategic Rapid ART projects may apply for this funding provided their proposal demonstrates that funds will be used to develop a new component, focus on a currently unserved priority population (e.g. trans women, recently incarcerated or recently released, homeless, etc.), and/or serve a new geographic location in their community where there are gaps in service for linkage to care for PLWH.** OA defines “rapid ART” as intake, first care appointment, and ART initiation within 0-3 days of diagnosis. OA defines “initiation” as giving a written prescription to the client, calling the client’s prescription into a pharmacy or providing a same-day starter pack of ART (e.g. Biktarvy) until the client can receive prescribed ART.

Persons **eligible** for rapid ART include:

- Anyone with a new, confirmed HIV+ diagnosis, for whom there is no clear contradiction for ART, or
- Anyone who was previously diagnosed HIV+ but did not previously start ART, or
- Some people who were previously diagnosed HIV+ and who had taken ART in the past but have not received ART in > 12 months. These individuals should have an uncomplicated history on ART (i.e., no serious side effects from ART) and not have known drug resistance mutations that could reduce the effectiveness of immediate ART.

Persons **ineligible** for rapid ART include:

- Anyone for whom immediate ART might be medically dangerous, or
- Anyone who states that they are not ready to start HIV treatment, or
- Anyone who is likely to have multiple mutations for whom resistance testing must be reviewed prior to prescribing an appropriate ART regimen

Benefits of Rapid ART

Advances in ART have dramatically decreased HIV-related morbidity and mortality and have substantially reduced the risk of HIV transmission through suppression of viral viremia since the release of the National HIV/AIDS Strategy (NHAS). Since then, the effectiveness of treatment as prevention has become clear. U=U is a campaign that promotes awareness that PLWH who take ART daily and have a sustained undetectable viral load for more than six months can achieve better health outcomes and happy, healthy lives and are also unlikely to transmit their sexual and drug using partners.

The World Health Organization (WHO) and US Department of Health and Human Services (DHHS) recommend that people with a positive HIV diagnosis start ART as soon as possible. Furthermore, persons with acute and early HIV infection (the state of disease immediately after infection with virus) are an important group to prioritize for treatment for many reasons. First, clients who receive HIV treatment soon after becoming HIV positive can gain substantial clinical benefits. Early treatment improves laboratory markers of disease progression and can decrease the severity of acute disease, lower the viral set point, and preserve immune function, which can improve the ability of an individual's immune system to control the virus on its own in certain situations. Second, when a person living with HIV initiates ART, it is shown to strongly correlate to retention in HIV care among treatment-naïve participants entering care. Thus, early treatment may improve retention in life-saving HIV care. Lastly, the high viral load characteristic of early HIV infection contributes disproportionately to HIV transmission; modeling studies have demonstrated that early treatment can reduce the number of new HIV infections by nearly 50%.

Modern ART medications are safe, conveniently dosed (once-daily pills are available), have a high threshold to viral resistance, and can achieve viral suppression in as little as two weeks, making the benefits of acute and early HIV treatment achievable. Many providers now have access to HIV medication starter packs (e.g. Biktarvy and Descovy) which allow newly diagnosed clients to start ART immediately. These starter packs act as a bridge to the client from starter pack to filling their prescription. Additionally, some providers are now able to administer injectable ART which may eliminate barriers of medication adherence and reduce the number of PLWH who fall out of treatment. The sooner a client initiates ART will reduce the time to viral suppression and increase the possibility of happy, healthy outcomes with reduced chance of transmission.

Research finds that retaining PLWH in care to achieve viral suppression is the most effective strategy for reducing HIV transmission. Meanwhile, with the emergence of various new evidence-informed HIV prevention interventions over the last several years, researchers and providers have come to recognize that no single approach aimed at increasing viral suppression is sufficient to control HIV, and that even the most effective interventions are not likely to succeed if they are delivered in isolation. Rather, they should include a combination of 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, medical mistrust, racism, and intimate partner violence, which directly influence HIV prevention and transmission, are also a valuable part of an overall strategy.

Priority Populations

Funding for this RFA is intentionally focused on serving the communities that have been historically underserved by existing HIV prevention and health care systems. Funded projects will support the strategic planning and implementation of innovative and culturally responsive programs that reduce health inequities, HIV-related stigma, medical mistrust, and barriers to HIV care and treatment services. Through trauma informed care approaches, awardees will advance community health and wellness while understanding the current and historical trauma that adversely impacts Black/AA and Latinx health outcomes.

Applicants must demonstrate the capacity to effectively provide services to Black/AA, Latinx or data supported underserved PLWH. Allowable priority sub-populations that fall under Black/AA and Latinx PLWH may include 1) gay, bisexual, or other men who have sex with men (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 and/or national data indicates a disproportionate impact by HIV (e.g. [NH/PI](#) or [AI/AN](#)).

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Background

Over 139,000 persons were living with diagnosed HIV infection in California in 2020. Black/AA, Latinx, MSM, and transgender individuals were all disproportionately impacted, with the greatest impact to MSM and transgender individuals. In 2020, only 63% of persons diagnosed with HIV in California had sustained viral suppression. This falls short of the CDC target of 80% viral suppression for all persons living with diagnosed HIV. For more information on this and other key data points to help you develop your proposal, see [California's 2020 HIV Surveillance reports](#) and the [2020 HIV/AIDS Health Disparities report](#).

Intentional Focus on Priority Populations

Funded projects will aim to increase access to HIV care, with a goal of increasing viral suppression rates, improving the health outcomes of PLWH and preventing HIV among people underserved by existing HIV care and prevention programs. Based on surveillance data and population size, Black/AA and Latinx individuals and communities are the most underserved. California surveillance data demonstrates that:

- Viral suppression is low among AI/ANs, Black/AAs, NH/PIs and Latinxs compared to all other race/ethnicities
- Retention in care is low among AI/ANs compared to all other race/ethnicities
- Latinxs 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, NH/PI and Latinx cisgender women are diagnosed at higher rates than White cisgender women
- Latinx transgender people make up the largest percentage of new HIV diagnoses among transgender people
- Young Black/AAs and Latinxs are less likely to know their HIV status, and less likely to be virally suppressed than young Whites
- Latinxs have the highest percentage of AIDS diagnoses within 12 months of their HIV diagnosis

Eligible Applicants

Funding is to be awarded to organizations that have the capacity to fulfill the program and administrative requirements outlined in this RFA, and include: 1) any LHJ in California, or 2) any CBO located within any LHJ in California. Agencies that provide health care and/or linkage services, including mobile health services and street medicine, are included as eligible CBOs; examples include federally qualified health centers (FQHCs), other community clinics, hospital emergency departments, other facilities where medical care is provided, tribal health centers and other government bodies, including county jails.

Applicants 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 and attach letters of support or memorandums of understanding (MOU) between the applicant and the partner agency(ies). All client referrals and/or handoffs 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 relationship and detailed plan to work with their local county health department. OA welcomes multi-jurisdictional applications.

Award Allocations and Award Period

State General Fund local assistance in the amount of \$2 million annually, approved on continuing basis, allows for the establishment of up to four innovative HIV prevention demonstration projects. **Applicants may choose their award amounts based on their needs; however, applicants shall propose projects not less than 100K and not greater than 500K annually. CDPH/OA shall determine the funding levels of each demonstration project based on scope and geographic area.** Applicants must submit proposals and budgets that effectively and efficiently use their requested award amount to be considered for strategic rapid ART funding.

The terms of the resulting awards will be two years in duration. The anticipated project start is July 1, 2023 but may vary due to the time required to finalize contracts, obtain signatures, and process the contracts between awardees 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. Once contracts are fully executed, CDPH/OA will pay awardees on a reimbursement basis after the submission of invoices and supporting expense documentation. No advance payments will be distributed for this funding. Unspent funds are not eligible for rollover from one fiscal year to the next. All funding is contingent on the availability and continuation of state general funds allocated for this purpose.

Scoring

Applications will be scored using a defined, standard scoring scale. Applicants must demonstrate that they have the experience, expertise, credibility, and organizational capacity to fulfill strategic rapid ART project and administrative requirements, including the ability to work successfully in providing culturally appropriate services to the most vulnerable and underserved PLWH. Budgets submitted as part of the application package will also be scored.

Project Activities

Applicants must demonstrate their capacity to accomplish the required programmatic activities listed below in their proposals. Applicants who propose comprehensive projects by also including the recommended activities in their proposals will receive additional points. Please note that proposals must take into consideration how the applicant will implement these activities while using the required approaches listed within this RFA.

Required programmatic activities include:

1. Promote the initiation of rapid ART (0-3 days) for newly or previously HIV diagnosed persons who are not currently on ART, and who are among the indicated priority populations. Include a plan for prioritizing suspected acute cases for immediate ART initiation.
2. Provide adherence counseling and HIV education to promote viral suppression, encourage retention in care, reduce HIV stigma, and normalize ART.

3. Conduct follow-up shortly after ART initiation (preferably 2-4 days) to confirm treatment began, identify and address barriers with adherence and retention in care, and provide additional education as appropriate (additional follow up may be required for certain individuals).
4. Educate clients, the community at large, and medical and clinic/agency staff on the benefits of U=U.

Recommended programmatic activities include:

1. Innovative testing strategies for HIV, HCV, sexually transmitted infections (STIs)
2. LTC for HCV and STIs
3. Mpox administration, outreach, and vaccinations

Recommended activities must be provided and/or available either via strategic rapid ART funds by the applicant or via funded collaborations with existing agencies and services readily available within their specific geographic region. Applicants must describe how these services will be delivered either by the demonstration project itself or by already existing services located within their communities.

Mpox Vaccine Administration

Funding for this project will provide eligible CBO reimbursement for mpox vaccine administration and vaccine outreach/education activities. A CBO is a public or private nonprofit organization that provides services to individuals in the community. FQHCs are considered a CBO if they are a nonprofit entity. A nonprofit entity is a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code. Applicants proposing mpox vaccine administration should factor in the cost of this effort accordingly into their proposed budgets. This RFA reimburses CBOs for vaccine administration expenses incurred upon receiving a fully executed contract, and June 30, 2025, and for costs related to outreach/education efforts incurred during this time frame.

Table 2. Recommended Service Activities to be Included with Rapid ART Services

Categories	Recommended Activities
Testing	HIV, HCV and/or STI testing, rapid testing, routine opt-out testing (ROOT), self-testing, outreach testing, etc.
LTC	Rapid linkage to care, treatment, and support for HCV and STIs.
Vaccines	Mpox administration including outreach and vaccination administration

Required Programmatic Approaches

Applicants must apply the approaches listed below to the activities set forth in their proposals and describe how they will address the needs of Black/AA, Latinx or other populations as demonstrated by data. This also includes the advancement of existing programs or approaches that have been deemed successful in serving Black/AA and/or Latinx individuals and/or communities. For full definitions of required approaches, visit

our website to see “[Effective Approaches for HIV Programs](#)”. Required approaches for this RFA include:

1. Comprehensive sexual health and sex-positive education
2. Harm reduction
3. Health and wellness
4. Health equity approach
5. Innovative testing strategies
6. Involvement of the priority population in service delivery
7. Safe and secure program environment
8. Social networks
9. Syndemic approach
10. Telehealth
11. Trauma-informed practices

Budget

The budget template must be completed using the budget guidance. The budget template must explain all expenses included as instructed in the budget guidance. Applicants are responsible for ensuring the calculations in the budget are accurate. There will be no reimbursement of pre-award costs. CDPH/OA reserves the right to deny requests for any item listed in the budget that is deemed to be unnecessary for the implementation of the project.

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

- Staff time, rent, training, transportation, and some costs related to medical care and treatment. However, as these are demonstration projects, awardees should make every effort to follow the “payer of last resort” model when consuming funds for medical care and treatment.
- Medical staff time, blood draws, lab work, and prescription medication starter packs are all allowable expenses.
- At least 10% of the applicant’s budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control.

For full budget details, please refer to the budget guidance document.

Evaluation and Monitoring

Awardees will be required to participate in quarterly data evaluation-specific meetings, as well as other program-focused quarterly awardee meetings as necessary. Awardees will also be required to complete progress reports including both quantitative and qualitative information at mid-year and end of year intervals.

Quantitative evaluation: Awardees will enter or collaborate with an LHJ to enter data into two systems: 1) California Reportable Disease Information Exchange (CalREDIE), and 2) Local Evaluation Online (LEO), which is a web-based, OA-provided data application. Data collection forms are available online and must be printed by project awardees themselves.

Qualitative evaluation: Awardees will collaborate with OA before program implementation, at program end, and as needed during the demonstration to: 1) document current linkage protocols, 2) establish planned protocols and procedures for the rapid ART programs, 3) document and assist with any mid-cycle changes, and 4) provide progress report summaries at appropriate intervals and at end of contract period.

Project Components

Applicants must demonstrate their capacity to accomplish the required programmatic activities and approaches listed below in their proposals. Please note that proposals must take into consideration how the applicant will implement these objectives using the required approaches listed within this RFA. While recommended activities are optional, applicants who propose to include these recommended activities in their proposals will receive additional points. The questions below are all included in the Application Narrative template.

1. Priority Populations:

- a. Identify all priority population(s) you will serve and provide an estimated number of people from each population to be offered rapid ART on a yearly basis.
- b. Describe your history and experience with community engagement and reaching this priority population(s).
- c. Provide local data that describes your rationale for selecting this priority population(s) as your focus.

2. Required Activities:

- a. Describe how you will initiate rapid ART (between 0-3 days of diagnosis) for your clients while also prioritizing people with suspected acute HIV infection.
- b. Describe how you will provide counseling and education to reduce stigma, normalize ART and promote viral suppression and retention in care among your clients.
- c. Describe how you will follow up with your clients (between 2-4 days) after they have begun ART to confirm treatment began, identify and address barriers to retention in care and provide additional education.
- d. Discuss how you will provide education on the benefits of U=U for your clients, the community at large, and medical and clinic/agency staff.

3. Recommended Activities (optional):

- a. Provide a brief overview of how your testing strategies will be innovative. Refer to all types of testing you will do (HIV, HCV, and/or STIs) in your response.
- b. Describe your testing and linkage strategy for HIV.
- c. Describe your testing and linkage strategy for HCV.
- d. Describe your testing and linkage strategy for STIs.
- e. Describe strategy for providing mpox services. Include a brief overview of your mpox outreach/education activities.
- f. What priority population will be engaged for mpox services and how many will be served by the end of the project.
- g. Describe events or approaches that will be used to increase access to the mpox vaccine to priority populations.

4. Required Programmatic Approaches

- a. Describe how your priority populations will be involved in the planning and implementation of service delivery.
- b. Describe how telehealth will be incorporated into your service delivery.
- c. Describe how you will create a safe and secure program environment for your clients.
- d. Describe how your practices and services are trauma informed.
- e. Describe how you will provide comprehensive sexual health education for folks of any age group, when appropriate.
- f. How are the principals of harm reduction incorporated to your services and how you treat clients?
- g. How is the health and wellness approach incorporated into your services?
- h. How will you use social networks to improve outreach or service delivery?
- i. Describe how your testing strategies are innovative (include testing for HIV, HCV and/or STIs).
- j. Describe how your organization uses a syndemic approach to the services you provide.
- k. Describe how your organization uses a health equity approach to serving your clients.

5. Replicability and Innovation

- a. Describe what makes your project proposal “innovative.”
- b. Describe how your project will be reasonably replicable for other organizations of various sizes and settings.

6. Staffing and Staff Training

- a. Describe your currently available and planned staffing for the project. If staff hiring or reassignment will occur, discuss how you will hire/reassign staff within the first three months.
- b. Describe how you will ensure your project is staffed by a majority of individuals who represent the priority populations your project will serve.
- c. Describe how your staff will provide services that are culturally, linguistically, developmentally and age appropriate.

7. EE Capacity

- a. Describe your overall organizational capacity to implement this project.
- b. Discuss your organization size, staffing and/or reach into the community, etc. Include any organizations that you will contract and/or subcontract with and your relationship with them to discuss your capacity to provide the services outlined in this RFA.
- c. Describe the organization's administrative systems and accountability mechanisms for contract management.

8. Monitoring and Evaluation

- a. Describe your overall and/or planned capacity to participate in OA program monitoring and evaluation activities outlined in this RFA.

Note: Describe capacity to engage in data collection and entry processes that correspond to the applicant's characteristics below (choose and respond to **only one** of the two questions b or c below):

- b. LHJ applicants that have CalREDIE access: Describe the processes and/or protocols that will be followed to ensure that staff are available, have access to, and are able to enter project data into both CalREDIE and LEO.

-OR-

- c. CBO applicants without CalREDIE access: Describe the process and/or protocols that will be followed to ensure that the EE's LHJ will enter client data into CalREDIE and LEO on the EE's behalf. An MOU or letter from the LHJ specifically stating the LHJ will enter the eHARS (stateno) into LEO on the EE's behalf must be attached to the application. Describe the processes and/or protocols that will be followed to ensure that staff are available, have access to, and are able to enter project data into LEO.

Questions and Application Evaluation Process

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

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

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

Questions/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 following address.

E-mail Address: StrategicRapidART@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 applicant will be responded to via e-mail to the requestor only.

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

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

Application Evaluation Process

Following the closing date for application submissions, CDPH/OA will evaluate each application to determine responsiveness to the RFA requirements.

Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. Late applications will not be reviewed.

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

Grounds for Rejection

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

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

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

Application Review

Applications that meet the format requirements and contain all the required forms and documentation will be submitted to an evaluation committee convened by CDPH/OA. The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California's needs, including but not limited to, the likelihood of maximally improving the health and well-being of PLWH, and RFA requirements.

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

Instructions for RFA Submission

LOI – MANDATORY – date and time as referenced in the Tentative RFA Time Schedule

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

"This letter confirms that [name of applying agency] intends to apply for Strategic Rapid ART funding."

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

E-mail Address: StrategicRapidART@cdph.ca.gov

Application Submission Requirements

The provided application templates must be used when responding to the RFA. Do not reformat any of the templates. The size of the lettering must be at minimum 11-point, Arial font. Do not send application as one single Portable Document Format (PDF). All attachments should be sent back in the same file format they were provided. Applicants intending to apply are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the requirements outlined in this RFA.

Applications are to be developed solely on the material contained in this RFA and any written addendum issued by CDPH/OA. The following is the order in which sections in the application must be submitted. A complete application package (Attachments 1, 2, 3, 5, 6, 7, 8, 9, 10 and 11 - excluding Attachment 4) must be submitted. A brief description of each attachment is as follows:

- a) Attachment 1: Application Certification Checklist: Complete the checklist. This sheet will serve as the guide to ensure the application package is complete, and the required documents are organized in the correct order.
- b) Attachment 2: Application Cover Sheet: Complete the application cover sheet. This sheet must be signed by an official authorized to enter into a contractual agreement on behalf of the applicant.
- c) Attachment 3: Executive Summary (one page limit): Include a one-page Executive Summary of the proposed program and how it will be integrated with the applicant's current activities.
- d) Attachment 4: Budget Guidance: Full budget guidance, instructions, and complete descriptions of what each line item must include on completing the budget template (Attachment 5). **Do not submit the budget guidance as part of your application.**
- e) Attachment 5: Budget Template (Excel workbook): Complete the Budget Template for each funding period. The terms of the resulting contracts will be two fiscal years in duration and applicants may choose their annual funding amounts based on their need with the minimum annual funding to be no less than \$100K and no greater than 500K. Funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in California HSC [121287](#).

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

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

- f) Attachment 6: Application Narrative Template: Complete the Application Narrative Template covering funding period July 1, 2023, through June 30, 2025. The Application Narrative Template must include complete descriptions of your plan to carry out the requirements outlined of this RFA.
- g) Required Forms/Documentation: The following is a list of required forms/documentation to accompany all applications as attachments. Please note that all forms must have the same exact naming convention throughout, or they will not be accepted by the Contracts Management Unit. For example, if the licensed name of an agency is “Trinity Community Healthcare Center Inc.”, all documents must include that full name and not a shorten version such as “Trinity Health”.
 - i. Attachment 7 (**for local health jurisdictions only**): Taxpayer ID Form – (CDPH 9083)
 - ii. Attachment 8: Payee Data Record – (STD 204)
 - iii. Attachment 9: Payee Data Record Supplement – (STD 205)
 - iv. Attachment 10: Local Health Department (LHD) Letter of Support: All applicants must complete the LHD Letter of Support form to be eligible to apply. Please reach out to your LHD for signature and acknowledgement of your application. Applicants who are LHDs may complete the form themselves and submit. If the applicant will provide services across multiple jurisdictions, the applicant must provide a letter of support from each jurisdiction where services will be provided.
 - v. Attachment 11: RART RFA Activities List

Applications that fail to follow any of the requirements will be rejected from further consideration.

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

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

Application Submission Instructions

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

E-mail Address: StrategicRapidART@cdph.ca.gov

Notification of Intent to Award

Notification of the State's intent to award contracts for these demonstration projects will be posted on the CDPH/OA website. Additionally, a letter will be emailed to all applicants notifying them of the status of their application.

Disposition and Ownership of the Application

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

Contracts Award Appeal Procedures

Any applicant who applied and was not awarded a contract for funding may file an appeal with CDPH/OA. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied regarding the evaluation or selection process. There is no appeal process for applications submitted late or incomplete. Appeals shall be limited to the following grounds:

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

Appeals must be sent via e-mail to StrategicRapidART@cdph.ca.gov and must be received as referenced in the Tentative RFA Time Schedule. The CDPH/OA Division Chief, or their designee, will then come to a decision based on the written appeal letter. The decision of the CDPH/OA Division Chief, or their designee, shall be the final remedy. Applicants will be notified via e-mail within 15 business days of the consideration of the written appeal letter.

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

Miscellaneous RFA Information

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

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

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

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an applicant's response, such inconsistencies or conflicts will be resolved by giving precedence in the following order: (1) the contract, (2) the RFA, (3) any addenda, and (4) the applicant's response.

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

Contract Obligations

The successful applicant must enter into a contract that may incorporate this RFA by reference, as well as the application submitted in response to this RFA. It is suggested that applicants carefully review the awardee provisions for any impact to the application, and/or to determine if the applicant will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

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