ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH)

OFFICE OF HIV PREVENTION AND CARE (OHPC)

REQUEST FOR PROPOSALS (RFP)

FOR

ENDING THE HIV EPIDEMIC (EHE): A PLAN FOR AMERICA - RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PARTS A AND B

Release Date:
MAY 14, 2021

Table of Contents

I.	Overview and Purpose	3-4
II.	Eligible Applicants	4
III.	Important Dates	4-5
	A. Proposal Q & A Conference Call	4
	B. Site Visits	5
	C. Post Award Conference	5
IV.	Inspection and Acceptance	5-6
V.	Funding	6-7
VI.	Budget/Budget Justification	7-11
VII.	Required Activities	12
VIII.	Reporting Requirements	12
IX.	Method of Selection	12-13
X.	Submission of Proposals	13
XI.	Rights of Rejection	13-14
XII.	Severability	14
XIII.	Award Notifications	14
XIV.	Technical Assistance	14
XV.	Proposal Requirements	14-19
	A. Section 1: Application Cover Page	14-15
	B. Section 2: Background/Statement of Need	15
	C. Section 3: Description of Organization/Organizational Capacity	15
	D. Section 4: Description of HIV in the Community	15-16
	E. Section 5: Projection Implementation	16-17
	F. Section 6: Community Support	17
	G. Section 7: Work Plan	17
	H. Section 8: Measures of Effectiveness	17
	I. Section 9: Budget	17-19
XVI.	Table of Pillars, Strategies, and Metrics	Appendix 1
XVII.	HIV/AIDS Districts and Managers	Appendix 2
XVIII.	Cover Page	Attachment 1
XIX.	Assurance of Compliance	Attachment 2
XX.	ADPH HIV Prevention Services Projects	Attachment 3
XXI.	Assurance Statement	Attachment 4
XXII.	Budget/Budget Justification Template	Attachment 5
XXIII.	Work Plan Template	Attachment 6
XXIV.	Personnel Form	Attachment 7
XXV.	Budget Summary Table	Attachment 8
XXVI.	Employee Activity Sheet	Attachment 9
XXVII.	Equipment List Form	Attachment 10
XXVIII.	Form W-9	Attached

I. OVERVIEW AND PURPOSE

The State of Alabama continues to experience an HIV/AIDS epidemic of moderate magnitude in comparison to other states. It is a state that is primarily rural with most of its counties located outside of the state's major and minor urban populations. At the end of 2018, finalized data indicated Alabama had 13,902 people with HIV (PWH) and 6,164 (44 percent) of these had progressed to Stage 3 (AIDS) infection. Of the 13,902 PWH, fifty percent were retained in care and 73 percent achieved viral suppression thereby reducing the risk of transmitting HIV to others.[1]

In 2019, the U.S. Department of Health and Human Services announced the *Ending the HIV Epidemic: A Plan for America*[2], a plan to end the HIV epidemic in the United States by 2030. The goal is to reduce new HIV infections in the United States by 75 percent within five years, and by at least 90 percent within 10 years. The initiative focuses on four key strategies to end the HIV epidemic:

1. **Diagnose** all people with HIV as early as possible.
2. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
3. **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
4. **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.[3]

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS and Health Center programs has a leading role in the strategies to end the HIV epidemic.

The Alabama Department of Public Health (ADPH), Office of HIV Prevention and Care (OHPC), Ending the HIV Epidemic (EHE) Program seeks to accelerate efforts to reduce new HIV infections within the highest burden counties of Houston, Jefferson, Mobile, Montgomery, and Tuscaloosa; and the emerging counties of Bullock, Calhoun, Dallas, Franklin, Lee, Lowndes, Macon, Madison, Marion, Morgan, Russell, Talladega, Walker, and Winston. The Alabama EHE plan was developed in August 2020 by a diverse stakeholder group and seeks to prioritize at-risk populations such as gay and bisexual men (GBM) and other men who have sex with men (MSM), especially black and Latinx GBM; persons identifying as transgender or gender non-conforming; cisgender women especially those identifying as African American; and people who inject drugs (PWID). See Alabama's EHE plan at https://www.alabamapublichealth.gov/hiv/assets/al-ehe-plan-condensed.pdf.

This RFP release is to recruit public or private non-profit organizations, government agencies, non-governmental public or private organizations, AIDS Service Organizations (ASOs), federally qualified health centers (FQHCs), and

[1] Alabama Department of Public Health (January 2019). 2018 HIV Surveillance Annual Report https://www.alabamapublichealth.gov/hiv/assets/hivsurveillanceannualreport_2018.pdf

[2] Centers for Disease Control and Prevention. (February 2020). Ending the HIV Epidemic: A Plan for America. https://www.cdc.gov/endhiv/index.html

[3] The Health Resources and Services Administration's (February 2020). Ending the HIV Epidemic in the United States https://www.hrsa.gov/ending-hiv-epidemic;

community-based organizations (CBOs) to implement strategies and activities unique to their catchment area. This HRSA funded RFP focuses on the "Treatment" and "Respond" pillars of the Ending the HIV Epidemic Initiative and builds upon projects (not to be duplicated) funded under the CDC Integrated *HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States* grants. Strategies should focus on linking previously or newly diagnosed PWH to care, treatment and support services, and retaining them in care leading to achieving and maintaining undetectable viral loads. Proposals should also seek to expand services by increasing outreach, partnerships and workforce expansion. All EHE programs must be in Alabama.

II. ELIGIBLE APPLICANTS

Eligible applicants are all public governmental and/or private organizations which can demonstrate current non-profit 501c3 status and that can provide assurance of ability to access target populations and who: 1) are legally authorized to conduct business within the state of Alabama; 2) are in a position to operate on a cost-reimbursement basis; 3) become an Alabama registered vendor prior to billing for services through the State of Alabama Accounting and Resource System (STAARS) at vendors.alabama.gov; and 4) meet the terms and conditions of the RFP. Individuals not operating within an established organization, agency, business, or other entity are not eligible to apply for this grant opportunity.

Proposals will be accepted from applicant agencies with staff, including an AIDS Drug Assistance Program (ADAP) Case Manager, Peer Navigator and/or Linkage Specialist with experience working with Ryan White HIV/AIDS Program (RWHAP) for treating and responding to HIV outbreaks in collaboration with OHPC.

III. IMPORTANT DATES

- May 14, 2021: Release RFP.
- May 26, 2021: Proposal Question & Answer (Q &A) Conference Call.
- June 25, 2021: Application Deadline.
- July 12, 2021: Award Notification.
- August 1, 2021: Award Period Begins.
- February 28, 2022: Award Period Ends.
- TBA: Post Award Conferences.

Proposal Q & A Conference Call: This is a conference call conducted by the OHPC staff to explain the technical and legal requirements of the RFP. There is some general information from the RFP regarding who to contact with questions and how, and when proposals can be submitted but the most important part is the response to questions posed by the prospective organizations/clinics. The major precaution about the pre-proposal conference call is that the RFP is not changed at that point. Within three days of the call, a prepared Q & A sheet inclusive of any RFP changes will be posted on the ADPH-OHPC website.

Site Visits: Site visits are conducted with proposers, if the place of performance is critical to the success of the proposal. The acquisition activity thereby is given general impressions of the suitability of the proposer's place of business or other site for accomplishing the proposed activity. Negotiations include any discussion of the proposals with individual offerors for substantive change including reduction of cost. The purpose of negotiations is to reach a "meeting of the minds" with each proposer. Site visits and negotiations can be conducted together or separately. If negotiations are conducted with any proposer, they must be conducted with all offerors in the competitive range (proposals that have a reasonable chance of getting an award). After negotiations, each proposer is provided the opportunity to submit a revised proposal, including cost that will include any changes made based on the negotiations. This step can be omitted, if the proposer does not have any negotiations.

Post Award Conference Calls: These are conducted with each successful offeror (individual and/or group) to discuss the way the grants will be administered. Points of contact with telephone numbers and email addresses, invoicing procedures, reporting, evaluation, and other administrative matters are discussed. These conference calls are held immediately before or after the start of performance by the grantees.

IV. INSPECTION AND ACCEPTANCE

- All services provided under the terms and conditions of this grant are subject to inspection and acceptance by OHPC, ADPH.
- The time and location of inspection visits will normally be coordinated between ADPH and the grantee at least one week in advance of the inspection visit.
- Inspection visits will be documented in inspection reports to be published not later than thirty days after each inspection visit. Inspection findings documented in each report will be diligently worked by the grantee to the satisfaction of the health department.
- Post-award, the Office will utilize a comprehensive prevention evaluation tool to monitor funded HIV prevention activities. The tool will incorporate individualized components that will be used to monitor and assess program interventions, and ensure quality assurance for measuring process, outcome and impact indicators. Project monitoring will occur at random in four separate phases:
    - Submission of comprehensive summary reports specifically outlining program activities occurring throughout the quarter, data resources used to evaluate project interventions, community collaborations, internal/external trainings attended, number of persons participating in project interventions, and barriers to accomplishing the proposed objectives during the specified quarter.
    - At least one site visit/audit will be held annually to include but not limited to the following:
        - A review of documentation and materials used for program interventions.
        - Total number of persons, targeted audience served quarterly and yearly.

        - Total number of capacity building activities received, attended and/or conducted.
        - Total number of collaborations with other community partners.
        - Total number and frequency of activities.
        - Discussion of project strengths and barriers.
        - Documentation of community collaborations to support. Memoranda of Agreement.
        - Identification of noncompliance areas.
        - Suggestions for project enhancement and improvement.
        - Upcoming meetings and events (local and state level).
        - Program evaluation and monitoring.
        - Next site visit date.

    - Observation Visits: One to two visits annually will be made to monitor and observe project activities (e.g., group level interventions, theme based, support and/or educational, community forums/programs, staff in-services, professional development trainings, continuing education workshops).
    - Monthly reporting with project staff throughout the duration of the funding cycle. Report monitoring will include but not limited to the following:
        - Written documentation of program intervention progress using OHPC format and submission schedule.
        - Scheduled Project Update at the Alabama HIV Prevention and Care Group (HPCG) meeting in Montgomery and the local HIV Prevention Network Group (HPNG).

Noncompliance with the monitoring requirements is subject to withholding of monthly payments. Issuance of payments will be awarded based on acceptable and approved services provided, and submission of all required supporting documentation.

V. FUNDING

Funding for the EHE Program comes from the *Ending the HIV Epidemic: A Plan for America- Ryan White HIV/AIDS Program Parts A and B* (HRSA-20-078) administered through HRSA, HIV/AIDS Bureau.

Awards will be divided among pillar strategies. The exact number of awards per pillar/strategy will in part, be dependent on the proposals submitted. Total amount of funding is $1,210,817.

- **Pillar Treat** – Linkage, Case Management and Peer Support (up to 4 awards)
- **Pillar Respond** – State Initiated Coordinated Response Systems Outbreak (up to 4 awards). This pillar will be led by the HIV Surveillance Branch.

For the period (August 1, 2021 – February 28, 2022) the award amount is up to **$132,827 for treatment** and up to **$43,750 for response** per ASOs, CBOs, or FQHCs.

For the period (March 1, 2022 – February 28, 2023) the award amount is up to **$227,704 for treatment** and up to **$75,000 for response** per ASOs, CBOs, or FQHCs.

Only one award per organization/clinic is allowed. Applicants should only apply for amounts that are realistic and necessary to complete program activities annually for the duration of the three-year funding cycle, March 1, 2022 – February 28, 2024, the award amount is up to **$227,704 for treatment** and up to **$75,000 for response** per year for ASOs, CBOs, or FQHCs.

The three continuation years will be awarded to the same grantees, one year at a time, on a non-competitive basis, if the prevention and treatment services are still required, funding is available, and the contractor has performed satisfactorily in the previous period. Progress reports and annual program plans must be submitted and are subject to approval for funding renewal. **NOTE: ADPH reserves the right to negotiate continuation awards based on project plans, performance, and/or recommended program reviews.**

VI. BUDGET/BUDGET JUSTIFICATION

For questions or assistance with budgetary matters, please call Valeria Patton at 334-206-5364.

Proposals must include a detailed project budget, using the template in Attachment 5. A budget narrative section providing supportive description and justification for each line item should follow the budget. All program expenses are on a reimbursable basis, according to state and federal rules and regulations. Reference should be made to https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf to help determine appropriate expenditure.

The funds **may** be used for:

- Salary, fringe benefits, and health insurance for program staff.
- Educational materials (e.g., videos, pamphlets, informational items).
- Supplies or operational expenses (e.g., paper, stamps, ink cartridges, pens).
- Travel at the current state mileage rate of no more than $.56 per mile.

The funds **may not** be used for:

- Cash payments to recipients.
- Matching other funds.
- Purchasing any food items.
- Capital improvements.
- Professional liability insurance.

- Purchasing equipment over $499.99 without prior approval from ADPH.
- Clinical research.
- Construction.
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP).
- Supplanting funds for any other state funds or federal awards.
- Costs already supported with Health Center Program funding.
- Facility or land purchases; installing trailers or modular units.
- Vehicle purchases.
- Electronic Health Records that are not the Office of the National Coordinator for Health Information Technology certified.
- Minor alterations and renovations; new construction.
- Prohibited syringe service program costs.

The following forms are required to be included in the proposal:

1. EHE: A Plan for America Personnel Form (**Attachment 7**)
   This form must be completed by each applicant agency with staff that will be paid with EHE funding. Report the functional title (i.e., ADAP Caseworker) for any existing and proposed positions. Report the annual salary, the percentage of time devoted to the project, and the total dollar amount required for each position listed. The fringe benefits section refers to services provided by the applicant agency to employees as compensation in addition to regular salaries and wages. These services include, but are not limited to, the applicant agency's contributions for social security, retirement, health and/or accident insurance, and workman's compensation insurance. Fringe benefits can be actual costs paid or an estimated percentage rate for each employee assigned to the project. If using an estimated rate, it must be based on the applicant agency's customary rate and supported by documentation.

2. EHE: A Plan for American Budget Summary Table **(Attachment 8)**
   Applicant agencies must complete this table indicating the total funding from all sources that will support the proposed project.
   A. Personnel
      Personnel costs are actual salaries and wages for staff positions which provide direct programming and administrative support services (including clerical) to the project. The distribution of salaries and wages must be supported by personnel activity reports (i.e., time sheets, payroll sheets). These reports must be maintained for all staff (professional and non-professional) whose compensation is charged, in part or in whole, to the project's grant award. A related document, the weekly Employee Activity Sheet **(Attachment 9)**, must meet the following standards:
      1. Must reflect an after-the-fact distribution of the actual activity of each project staff member.
      2. Must account for the total activity for which one/more project staff is compensated.
      3. Must include the employee’s rate of pay.

4. Must be prepared monthly and include expenses for entire month.
5. Must be signed by each project staff member and a supervisor having first-hand knowledge of the work performed.

NOTE: The bulk of personnel cost should be in direct programming.

NOTE: Budget estimates or other distribution percentages before the services are performed do not qualify as support for charges to this grant award.

B. Fringe Benefits

Fringe benefits are allowances and services provided by the applicant agency to one or more project staff member as compensation in addition to regular salary and wages. These include, but are not limited to, cost of leave and project staff members' insurance, pensions, and unemployment benefit plans.

1. Leave Benefits

The cost of fringe benefits in the form of regular compensation paid to project staff during periods of authorized absences from the job, such as annual leave (vacation time), sick leave, and holidays. These costs are allowable if established by written leave policies with the costs equitably allocated to all activities.

2. Other Benefits

Benefits that are allowable, if established by written policies, include cost of fringe benefits in the form of project staff employer contributions for social security, employee health, life, unemployment, and worker's compensation insurance.

C. Travel

Travel costs are to be used solely for project staff members who will be paid with grant funding.

1. General Information

Travel costs are allowable expenses for transportation, lodging, subsistence, and related items incurred by project staff traveling on official project business. Such costs are charged on a per diem and/or mileage basis.

NOTE: Projected travel expenses for volunteers, trainees, and clients should be placed in the budget category of *Other* and explained in detail in the budget justification. Projected travel expenses for sub-contractors providing client services (project-related abstinence education or services) should be budgeted under the budget category of *Contractual* and explained in detail in the budget justification.

2. Lodging and Subsistence

Costs incurred by project staff for travel, including costs of lodging, other subsistence, and incidental expenses, shall be considered

reasonable and allowable only to the extent such costs do not exceed charges normally allowed by state government policy. Current state rates follow are as follows:

A. Mileage Rate
   The current state mileage rate is $0.56/mile effective January 1, 2021.
B. Per Diem Rates
   Per ADPH's in-state travel policy, per diem rates are as follows: $12.75 if away from base 6 – 12 hours, $34.00 if the trip exceeds 12 hours away from base for which an overnight stay is not required, $85 for travel requiring one overnight stay, and $100 per day for travel requiring a stay of two or more nights.

3. Itemization and Required Meetings
   A. Itemization
      Travel should be itemized, including travel for state specified conferences or workshops. Automobile mileage from base (the agency's location) should be indicated by the number of miles and local reimbursement rate per mile.
   B. Required Meetings
   C. Administrative Meetings
      Projects should budget travel expenses, to include mileage and per diem, for project staff to attend EHE meetings in Montgomery (dates to be determined) during FY 2021.

D. Equipment
The applicant agency should budget for equipment necessary to carry out the goals and objectives of the project.

NOTE: Fax machines, cameras, video recorders and players, overhead and slide projectors, televisions, computers, tablets, and printers, etc., will require prior approval regardless of cost. These exceptions must still be approved for purchase as equipment. Each piece of equipment, dollar amount, and project-specific reason for purchase must be listed on the Equipment List Form (**Attachment 10).**

E. Supplies
The applicant agency should budget for materials and supplies necessary to carry out the goals and objectives of the project. Purchases should be charged at the actual price after deducting all cash discounts, rebates, and allowances received. This includes, but is not limited to curricula, books, periodicals, pamphlets, promotional items, and office supplies, plus any equipment with a purchase price (including freight) of less than $500 per item, which is purchased from grant funds. (Please see the note under Equipment for exceptions). If requesting funds to purchase promotional and incentive items, the applicant agency must describe the items they wish to purchase and how

they will be distributed (i.e. at the end of program completion) in the budget narrative. Food items are not to be purchased with EHE funds.

F. Contractual

Contractual costs include the cost of professionals and non-professionals who are members of a particular profession, or possess a special skill, but are not employed by the approved agency.

NOTE: Travel by contractual staff should be included in this category if they will be delivering client services (project-related abstinence education services). For project related EHE services provided by contractual staff, please list the name and position of each contractor, rate of pay, total cost, and the purpose.

G. Other

Other includes all direct cost items not identified and explained in the previous categories. Some of the major expenditures that should be reported in this category are as follows:

- Space and equipment rental.
- Utilities and telephone expenses.
- Data processing services.
- Printing and reproduction expenses.
- Postage and shipping.
- Contract clerical.
- Equipment repairs or service maintenance agreements.
- Memberships.
- Advertising.
- Registration fees.
- Travel expenses for volunteers, trainees, and clients.
- Training costs, speakers' fees, and stipends.

H. Indirect Costs

If the applicant agency does not have a federally negotiated indirect cost rate agreement, ADPH will allow a rate of 10 percent if the applicant agency has never had a federally negotiated indirect cost agreement. For a sub-grantee to charge ADPH indirect cost, they must provide us a copy of the federally negotiated indirect cost rate agreement.

I. Budget Narrative

Seek consultation with state technical advisors before purchasing incentives and arranging retreat services. Templates for budget narrative/justification are provided in Attachments 5-1 and 5-2. Please see Section 9, under XV, Proposal Requirements, for further instructions related to the budget.

VII. REQUIRED ACTIVITIES

- Implement program, practice, or policy efforts that fit within one or more EHE strategies with focus on treatment and response pillars.
- Participation in a post grantee award and evaluation orientation.
- Participation in state level meetings and educational trainings.
- Project presentations with collaborative partners and nontraditional HIV community-based service providers.
- Project presentations at local community network and state HIV Prevention and Care Group (HPCG) meetings.
- If providing HIV tests, utilize the HIV counseling and testing form (i.e., serology form) and upload data into the HIV/AIDS Data Information System (HADIS).
- Submit invoices and monthly reports by the 10th of each month with each invoice including a letter of transmittal on contractor letterhead, service expenditure report in the specified format, and back up data (e.g., receipts, payroll records, certifications) supporting each expense for which reimbursement is requested.
    - Invoices will be processed promptly and paid in accordance with OHPC grant guidance, state and federal rules and regulation if services are deemed to be satisfactory and there are no grant clause non-compliance issues.
    - By October 10 of each year, the grantee will have submitted invoices for all expenses incurred in the previous state fiscal year (October 1 – September 30) where reimbursement is requested.
- Each agency must comply with federal regulations that require agencies to meet the requirement of the Office of Management and Business (OMB) Circular A- 133, Audits of State and Local Government and Non-Profit organizations, revised June 30, 1997, which rescinded OMB Circular A-128, "Audits of State and Local Governments." Agencies must also make all records, financial statements, and independent audit reports available to ADPH.

VIII. REPORTING REQUIREMENTS

Applicants must submit reports as requested, meet all deadlines for data reporting and reimbursement, and submit progress on EHE activities monthly.

IX. METHOD OF SELECTION

Technical Review Panel

An initial review of proposals will be conducted by program and administration staff from OHPC. This review will be based on the technical merit of the proposal to determine if instructions were followed and if eligibility requirements are fully met.

The following is a checklist of items required in the proposal. Incomplete proposals will be disqualified without further review. Proposals that meet the following eligibility requirements will proceed to the external review team.

- Cover Page

- Table of Contents
- Program Abstract
- Background/Statement of Need
- Description of Organization/Organizational Capacity
- Description of HIV in the Community
- Project Implementation
- Community Support
- Measures of Effectiveness
- Work Plan
- Budget/Budget Justification
- Required Forms (under XV, Proposal Requirements, Section 1)

OHPC will assemble an external peer review team of professionals who have expertise in health care, evaluation, HIV education, outreach and treatment work. Based on their knowledge and experience, these selected individuals will review applicant's content and written presentation of the proposal, organizational capacity, and collaboration intent. The following criteria will be utilized to evaluate proposals:

Cover Page – 0 points
Table of Contents – 0 points
Program Abstract – 0 points
Background/Statement of Need – 5 points
Description of Organization/Organizational Capacity – 10 points
Description of HIV in the Community – 25 points
Project Implementation – 30 points
Community Support – 5 points
Work Plan – 5 points
Measures of Effectiveness – 10 points
Budget – 10 points
Required Forms – 0 points
Total Possible Score 100 points

X. SUBMISSION OF PROPOSALS

Completed applications **must be received** by OHPC on or before **June 25, 2021 by 5:00PM CST**. Incomplete applications and faxed copies will not be accepted. Applicants may submit one application per organization/clinic. Applicants must submit one electronic copy to jonathan.joseph@adph.state.al.us.

PLEASE NOTE: NO EXTENSIONS WILL BE GIVEN.

XI. RIGHTS OF REJECTION

OHPC reserves the right, at its sole discretion, to reject all proposals or to cancel this RFP in its entirety.

Any proposal received which does not meet the requirements of this RFP may be non-responsive, and the proposal may be rejected. Proposers must comply with all

the terms of this RFP and all applicable State laws and regulations. The OHPC may reject any proposal that does not comply with all the terms, conditions, and performance requirements of this RFP.

Proposers may not restrict the rights of the OHPC or otherwise qualify their proposals. If a Proposer does so, the OHPC may determine the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

XII. SEVERABILITY

If any provision of this RFP is declared by a court to be illegal or in conflict with any law, the validity of OHPC terms and provisions shall not be affected; and, the rights and obligations of the OHPC and Proposers shall be construed and enforced as if the RFP did not contain the provision held to be invalid.

XIII. AWARD NOTIFICATIONS

Successful applicants will be notified by email on **July 12, 2021**.

XIV. TECHNICAL ASSISTANCE

Any non-budget questions should be directed to Jonathan Joseph at (334) 206-2095 or jonathan.joseph@adph.state.al.us or Adrinda Carter at (334) 206-5945 or adrinda.carter@adph.state.al.us. All budget questions should be directed to Valeria Patton at (334) 206-9442 or valeria.patton@adph.state.al.us.

XV. PROPOSAL REQUIREMENTS

Follow this format in presenting the proposal:

- 1-inch margins.
- 12-point Times New Roman font.
- Typed and double-spaced (except for application cover page, organizational chart, work plan, and budget).
- Table of Contents
- The work plan must be submitted using the work plan template Attachments 6-1 and 6-2.
- Two budgets which must be submitted using the budget template Attachments 5-1 and 5-2.

Section 1: Application Cover Page (Attachment 1) and Required Forms

- Identify the applicant organization, name, address, and county.
- Identify the applicant contact person, phone number, and email address.
- Include the name and signature of applicant's organizational representative authorized to submit a proposal or sign a contract.
- Federal Employer Tax Identification Number, Duns and Bradstreet number, and zip code + 4.
- Required Forms:
    - Assurances to be Included in Proposal (Attachment 2).
    - ADPH HIV Prevention Services Projects (Attachment 3).
    - Assurance Statement (Attachment 4).

    - Form W-9.
    - Indirect Cost Letter (if charging indirect costs).

Section 2: Background/Statement of Need (5-page limit, 5 points)

- Describe the problem of HIV in the focus area: include data on HIV, limitations of data, and social norms that prevent treatment of and response to new and existing HIV diagnoses within an area.
- Describe the strengths and assets of the applicant organization, community, and stakeholders which are relevant to addressing ending the epidemic.
- Describe the population that the proposed project will target and serve, and why the agency is qualified to reach that population. Describe the target community including location, population, and other relevant demographic information.

Section 3: Description of Organization/Organizational Capacity (3-page limit, 10 points)

- Provide a description of the appropriateness of the agency/organization for the EHE Program. Please include the following required items:
    - A description of the agency/organization and its purpose.
    - A brief history of the applicant agency (how, when, and why the agency was established).
    - The mission statement.
    - An organizational chart.
- This project primarily funds the position of ADAP Case worker, Peer Navigator and/or Linkage Specialist. Provide examples of how the organization will support this position as an integral member of the staff, and how others in the organization can demonstrate their commitment to a shift towards EHE:
    - Explain how the agency can reasonably meet the demands of the project activities.
    - Discuss how the ADAP Case worker, Peer Navigator and/or Linkage Specialist's supervisor(s) will be involved in this project.

Section 4: Description of HIV in the Community (4-page limit, 25 points)

As HIV impacts all sectors of the community, it is necessary to engage the community in prevention efforts. Provide evidence that the agency/organization is a recognized leader of HIV services and prevention activities in the community. Evidence may include, but is not limited to, the following:

- Current implementation of community-level prevention programs (provide examples).
- Current or recent evidence of agency being a public spokesperson for HIV prevention.
- Current evidence of leadership in influencing local policies and practices for HIV treatment and response.
- Successful collaboration with other agencies for HIV. Provide specific examples of collaboration activities related to HIV (i.e., participation on a

community task force focusing on HIV, Memorandum of Understanding [MOU] with other CBOs).

- Culturally relevant provision of services to people living with HIV or high-risk populations.

Describe how the applicant plans to respond to potential disclosures of HIV by participants during proposed prevention activities:

- This may include referring the participant to direct service staff at the agency or another agency, if the participant has fallen out of care or wants to be linked to additional services.

Section 5: Project Implementation (6-page limit, 30 points)

Describe how the applicant organization plans to implement the following activities:

- Proposed projects under this RFP must focus on at least one pillar. Applicants must apply for one or more of the recommended strategies in their chosen pillar(s). See Appendix 1. Applicants should address as many strategies under a selected pillar as appropriate in terms of providing comprehensive care.
- Each application **must** focus on at least two of these priority populations residing in highest burden counties of Houston, Jefferson, Mobile, Montgomery, and Tuscaloosa; and the emerging counties of Bullock, Calhoun, Dallas, Franklin, Lee, Lowndes, Macon, Madison, Marion, Morgan, Russell, Talladega, Walker, and Winston:
    - Cisgender women of color
    - Gay Black Males, especially African American and Latinx
    - Men who have Sex with Men
    - Transgender persons
    - Persons Who Inject Drugs
- Please describe the following:
    - The population(s) and number of participants the project will serve with each sub-strategy.
    - How and why the population was selected.
    - Why it is important to treat new and previously diagnosed PWH and respond to HIV clusters.
    - What risk factors will be addressed by implementing each strategy.
    - What protective factors will be addressed by implementing each strategy.
    - Why each strategy is likely to succeed.
    - What success would look like at the end of this grant period. This is often referred to as outcomes, or the changes expected to happen because of strategy implementation. What “benchmarks” will indicate whether the program is on track to succeed at 6 months, 1 year, 2 years and at 3 years.
- Describe in detail how the applicant organization plans to complete the following additional **required** activities:
    - Participate in the local HIV Prevention Network Group (HPNG).

    - Participate and present at the quarterly HPCG.
    - Participate in the Ending the HIV Alabama planning group.

Section 6: Community Support (2-page limit, 5 points)

- Provide three Letters of Support and/or MOUs with partnering community agencies, organizations, and/or individuals the program partners with that show a strong commitment and support for this application, HIV prevention, and/or the applicant agency.
- Describe the linkages with groups and agencies that will take part in the project and the mechanisms of communication/collaboration.

Section 7: Work Plan (use provided template, 5 points)

Use Attachments 6-1 and 6-2 to develop a project workplan that incorporates the selected sub-strategies and proposed grant activities. Please note that special attention will be given to organizations that initiate innovative activities or projects, and/or target populations within the scope of the EHE plan. It is important to look beyond what has been done in the past. Keep in mind the following when developing goals and objectives:

- Goals should be simple and concise. They should indicate who will be affected and what changes will result from the activity.
- Objectives must be specific and measurable to the point of emphasizing accountability (i.e., able to link program activities directly with the approved budget expenditures), consistent with the stated purpose of the EHE grant announcement, and attainable within the grant period.
- Objectives should be SMART: Incorporate the following acronym in each objective:
    - **S**pecific (What is going to be done and for whom?).
    - **M**easurable (What is expected to occur or change?).
    - **A**ttainable/Achievable (Can the objective be accomplished by the proposed time frame?).
    - **R**ealistic (Are the resources available to achieve the objective?).
    - **T**ime Bound (When will the objective be accomplished?).

Section 8: Measures of Effectiveness (2-page limit, 10 points)

- Describe how success will be measured to reach the goals and objectives proposed.
- Describe methods to monitor the implementation of proposed strategies and activities.
- Describe methods to show change in behaviors (if applicable), attitudes, and beliefs.
- Describe how evaluation results will be used to improve, change, or guide program activities.

Section 9: Budget (use provided budget templates, Attachments 5-1 and 5-2, 10 points)

1. In a brief narrative explain how funds will be used.

2. Using the budget template:
   - Provide a proposed budget for the period, August 1, 2021- February 28, 2022, using the template in Attachments 5-1. The budget must include calculations used to arrive at each line item amount:
     - The budget must be prepared for no more than the funding ceiling outlined in section V.
   - Provide separate proposed annual budgets for the period March 1, 2022 - February 28, 2023 using the template in Attachments 5-2. The budget must include calculations used to arrive at each line item amount:
     The budget must be prepared for no more than the funding ceiling outlined in Section V.
   - List all personnel who salaries will be paid in whole or in part with funding for this proposal. For each position, provide the job title, employee name, brief description of duties and responsibilities related to the project, annual salary, percentage of time to be devoted to and paid for by this grant, and amount to be charged to this grant. If the position is vacant, indicate when the position is expected to be filled. Proposals must include the annual salary for the EHE Coordinator, Peer Navigator and/or Linkage Specialist.
     - Applicants may also request funding to pay the supervisor's salary.
     - Note: Personnel cannot be on multiple grants at 100 percent.
   - Include the costs of fringe benefits for each position. Please include calculations for each item in the justification box provided on the template.
   - All travel expenses must be consistent with the currently approved state and federal rates for mileage and per diem. Applicants may request reimbursement amounts that are lower than the state rate.
     - Include travel costs for program staff to attend the monthly HPNG in catchment area and quarterly HPCG in Montgomery.
     - Include any proposed travel that is clearly linked to performing duties associated with the EHE Program.
   - Detail each estimated cost for supplies, such as:
     - **Office supplies** – Funds used for general office supplies for this project. Supplies include copy paper, file folders and related items.
     - **Educational Materials** – Funds used for brochures, pamphlets, posters and other materials for implementation of targeted efforts.
     - **Resource Materials** – Funds used for resource materials to implement activities related to the project objectives.
   - Detail any in-kind contributions that will be made to the project by the applicant organization or other sources. Describe the contribution and its dollar value (i.e., donation of time, volunteers, materials, office space, staff time and/or other services which contribute to the goal of the project without incurring costs).
   - Other resources – provide information about current relevant sources of support for your organization. Proposals requesting partial funding for a project will not be considered unless funding has already been secured for all other aspects of the project and the activities of the ADPH-funded portion of the

project can be evaluated and described independently from the remainder of the project.

- Indirect Cost – 10 percent is the allowable indirect cost for this grant. If you do not have documentation from a federal agency of your indirect rate, you may use the 10 percent de minimis rate allowed by regulation or choose not to budget for indirect costs. You may still budget for specific administrative costs, if you do not budget for indirect costs.

Appendix 1

Table of Pillars, Strategies, and Metrices

Pillar 2 – Treat: This pillar emphasizes the importance of promoting care engagement/re-engagement, care retention, and viral suppression. This RFP is not intended to replicate the services supported by Ryan White funding Parts A and D. This RFP will focus on the following: (1) **Peer support networks** for those living with HIV. An HIV diagnosis can be an emotionally traumatic and isolating event. Many individuals with HIV have an array of medical or psychosocial issues and needs which may take priority over their HIV care. In addition to the scientific data, community feedback confirmed that strong support systems are vital to improved care engagement, care retention, and treatment adherence. (2) **Case management** for those who are not AIDS Drug Assistance Program (ADAP) clients but may qualify for The Alabama Insurance Assistance Program (AIAP). Data indicate better outcomes for ADAP and AIAP clients compared to those who are not in the ADAP and AIAP program. Case management is a fundamental component of clinics. This funding supports case management for patients who are not Ryan White clients and those who are.	
Strategies	**Required Metrics**
1. Establishment, recruitment for, and facilitation of Peer Support activities (in person and/or virtual), support groups, or "buddy" systems to promote social safety nets and self-care practices. Activities which help provide social support for PWH in a peer/support group environment are encouraged. The objectives of peer support activities must include (re)engagement to medical services, retention in medical services, and achieving viral suppression. 2. Provision of medical and/or nonmedical case management of PWH who are non Ryan White clients and those who are. This can include, but is not limited to, facilitating medical appointments for patients, or coordination of social services such as housing, access to food, employment support, mental health services, drug treatment services, etc. 3. Provision of an ADAP caseworker to ensure clients meet the requirements for ADAP and available AIAP assistance.	Metrics for peer support activities are at the applicant's discretion but must target improved (re)engagement to medical services, retention in medical services, and viral suppression. Nonclinical applicants will need to provide data on engagement activities and behavioral change (appointments attended and/or self-reported change in facilitating behaviors), while clinical applicants should provide data on engagement activities, retention in medical services, and viral suppression. Some examples: • Number of peer support groups. • Number of peer support meetings. • Number of peer support participants. • Percentage change in self-reported behaviors. • Number of PWH linked to care. • Number and percent of clients who attended appointments. • Improvement in the percentage of clients reaching viral suppression (for clinical sub-grantees only). Metrics for case management for non-Ryan White clients are: • Number of clients linked to ADAP services • Number of clients linked to AIAP services • Number of case management sessions

	• Number of referrals made to support services • Number of referrals kept at support services • Number of clients who are non-Ryan White • Case worker hired/assigned for ADAP and AIAP.
Pillar 4 – Respond: Real time response to potential HIV outbreaks to quickly develop and implement strategies to stop ongoing transmission and to get needed prevention and treatment services to people who need them. State Initiated Coordinated Response Systems Outbreak will lead the response working with agencies within the impacted communities to ensure they have the expertise, technology, personnel, and prevention resources to follow up on all HIV cases, intervene to stop chains of transmission, and to get those impacted into appropriate care and treatment.	
Strategies	**Required Metrics**
1. Use data to identify where HIV is spreading most rapidly and guide decision-making to address prevention, care, and treatment needs at the local level. 2. Develop strategies for provider-referral contact tracing to identify, locate and provide care, treatment and prevention within the cluster thereby reducing further transmission of HIV. 3. Assist in patient-referral contact tracing by helping the newly diagnosed patient notify their sexual and/or drug-using partners that they may have been exposed to HIV. 4. Enhance PrEP/nPEP services in traditional (e.g., brick and mortar) or nontraditional settings (e.g., mobile units, emergency departments, pharmacies, urgent care settings, family planning clinics, substance use treatment facilities, rape crisis centers) to allow quick response to HIV outbreak clusters. 5. Screen, refer, link, prescribe and track adherence to PrEP for HIV negative persons at risk for HIV infection interested in PrEP and nPEP.	Proposed activities **must** provide the following metrics: • Contact persons with potential exposure within 7 days and test for HIV. • Provide clients education on PrEP/PEP on initial contact or linkage to care within 30 days. • Number and percentage of HIV-negative clients who are determined to be at high risk for HIV infection among those who are screened. • Number and percentage of HIV-negative clients who are referred for PrEP/nPEP among those who are determined to be at risk. • Number and percentage of HIV-negative clients who are linked to PrEP/nPEP among those referred for PrEP/nPEP. • Number and percentage of persons prescribed PrEP among those linked to PrEP. • Adherence/Persistence (TBD). • Number of PWH linked to care.

Appendix 2

HIV/AIDS Districts and Managers

Northern District
HIV Manager: Tia Gilbert (256) 746-7453
Service Area: Colbert, Cullman, Lauderdale, Lawrence,
Limestone, Franklin, Jackson, Marshall, Morgan,
Marion, Winston
Madison

Northeastern District
HIV Manager: Vacant
Service Area: Blount, Calhoun, Clay,
Cleburne, Cherokee, DeKalb, Etowah,
Shelby, St. Clair, Randolph, Talladega

West Central District
HIV Manager: Shakina Wheeler-Cox (205)554-4526
Service Area: Lamar, Fayette, Walker, Pickens,
Tuscaloosa, Sumter, Greene, Hale, Bibb, Perry, Chilton

Jefferson County
HIV Manager: Vacant

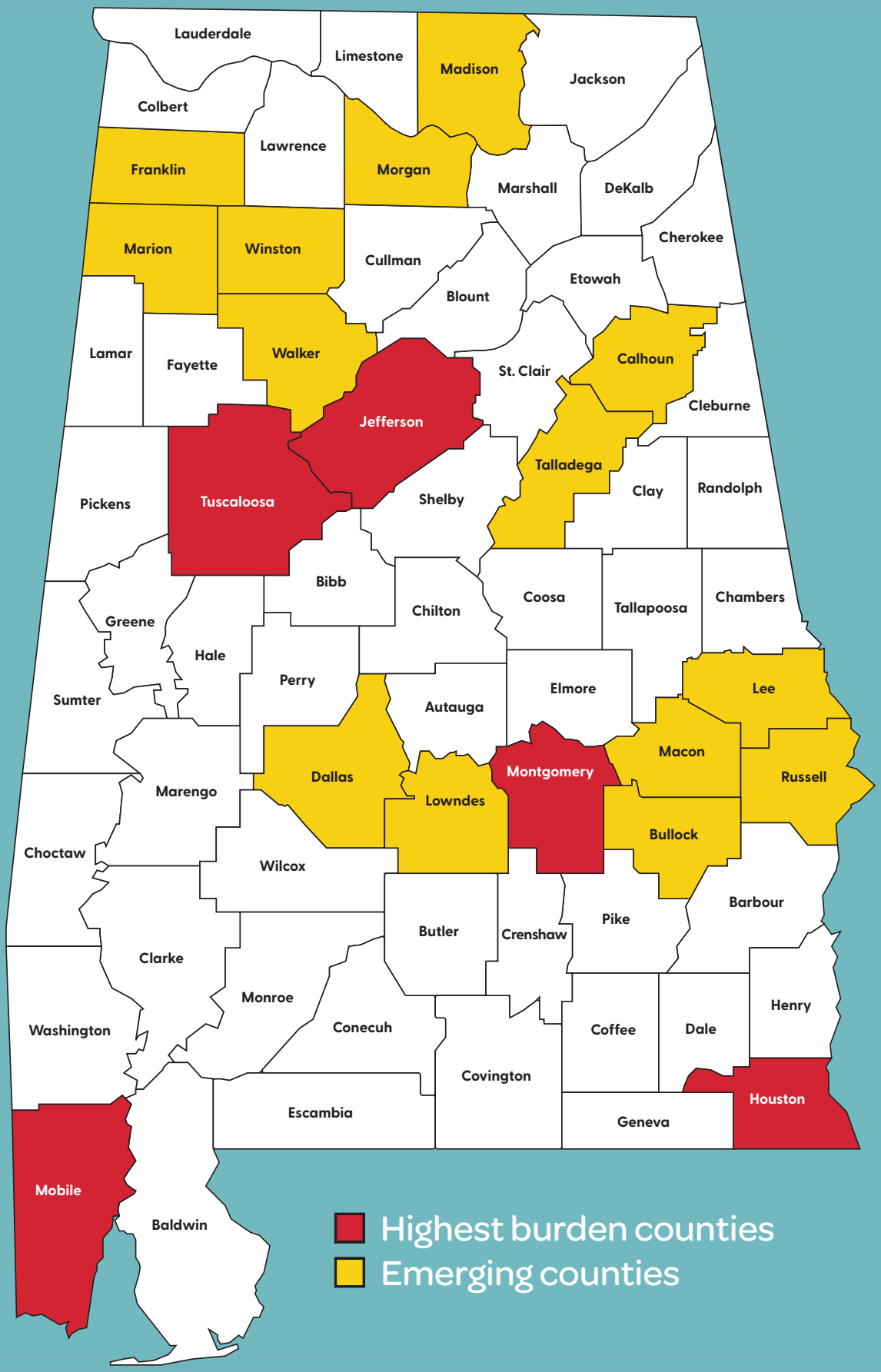
East Central District
HIV Manager: Ka'Laun Hambrite (334) 293-6476
Service Area: Autauga, Bullock Chambers, Coosa,
Elmore, Lee, Lowndes, Macon, Montgomery, Russell

Southwestern District
HIV Manager: Kendall Maye (251) 575-8869
Service Area: Baldwin, Clarke, Choctaw,
Connecuh, Dallas, Escambia, Marengo,
Monroe, Washington, Wilcox

Southeastern District
HIV Manager: Jacqueline Snell (334) 678-5920
Service Area: Barbour, Butler, Coffee,
Covington, Crenshaw, Dale, Geneva, Henry,
Houston, Pike

Mobile County
HIV Manager: Vacant

Ending the HIV in Alabama



Attachment 1

Organization Name

Organization Address

Organization Zip Code + 4

Organization County

Tax ID Number	
DUNS Number	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Email Address	
Signature of Applicant's Organizational Representative authorized to submit Proposal or Sign Contract	
Printed name of Applicant's Organizational Representative authorized to Submit Proposal or Sign Contract	

Attachment 2

Assurance of Compliance

with the

"Requirements of AIDS-related written materials, pictorials,

audiovisuals, survey instruments, questionnaires, and educational sessions in

ADPH HIV/AIDS Prevention and Control Assistance Programs"

By having a representative sign and submit this form, _____ (Contractor) agrees to comply with the specifications set forth in this document.

All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to the HIV Prevention and Care Group, Public Information Committee. The panel shall be composed of no less than five persons representing a reasonable cross-section of the general population, but which is not drawn predominately from the intended audience.

Guided by Section 311(c) of the Public Health Service Act (42 U.S.C. code § 243 (c)), Section 311 (c) and title XXVI of the Public Health Act and subject to the conditions specified in HRSA HAB Notice of Funding Opportunity HRSA-20-078, the Program Review Panel will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with HRSA assistance funds.

Signature: _____

Name: _____

(Please print)

Position with agency: _____

Date: _____

Attachment 3

The State of Alabama

ADPH HIV PREVENTION SERVICES PROJECTS

PROJECT TITLE: _____

APPLICANT NAME: _____

ASSURANCES

By signing this, applicant assures that the agency has current non-profit 501c (3) status and is in "Good Standing".

As a condition of submission, any prospective applicant must agree to adhere to the following conditions by signing below.

Conformance with Statutes: Any contract awarded because of this RFP must be in full conformance with the statutory requirements of the State of Alabama and Federal Government.

Ownership of Proposals: All proposals in response to this RFP are to be the sole property of the state and subject to the provisions of Code of Alabama (re: freedom of information).

Supplying Additional Information: The applicant shall agree to supply any additional information requested.

Stability of Budget: Any budget from applicant must be valid for a period of 120 days from the due date of the proposals.

Oral Agreements: Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

Amending or Canceling Requests: The state reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point prior to the issuance of the written agreement, if it is in the best interest of the agency and the state.

Rejection Default or Misrepresentation: The state reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

State's Clerical Errors in Awards: The state reserves the right to correct inaccurate awards resulting from its clerical errors.

Rejection of Proposals: Proposals are subject to rejection in whole or in part if they limit or modify any of the terms/conditions and/or specifications of the RFP.

Applicant Presentation of Supporting Evidence: An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

Changes to Proposals: No additions or changes to the original proposal will be allowed unless specifically requested.

Subcontracting: In a multi-contractor situation, the state requires a single point of responsibility and accountability.

Regulatory Compliance: The applicant is required to follow any applicable provisions of the Regulations of Alabama State Agencies and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Participation in the Evaluation: The applicant is required to work with the Alabama Department of Public Health and evaluators selected by the State to comply with the requirements of the statewide evaluation. The requirements include, but are not limited to, the following:

- Participate in a rigorous evaluation including process and outcome assessments as it is developed and must cooperate with the following statewide requirements at the community and program levels.
- Work with the evaluation/monitoring team to finalize an evaluation plan that includes:
    - a statement of goals, objectives and action steps to achieve objectives.
    - identified survey items.
    - procedures for collecting process and outcome data.
    - timetable of activities.
- Participate in meetings to develop an implementation and evaluation plan.
- Document and submit the activities, strategies and participant characteristics of the program.
- Assure that collaborators, supporters and project staff will be available to be surveyed or interviewed, as necessary, to ascertain progress and evaluate issues regarding program implementation and outcomes.
- Interview or survey project participants before and after program interventions to monitor program outcomes.

_____ _____

Signature of Authorized Official Title

_____ _____

Agency/Organization Date

Attachment 4

ASSURANCE STATEMENT

Alabama Department of Public Health

Office of HIV Prevention & Care

All HIV prevention programs affiliated with the Alabama Department of Public Health are abstinence-based regardless of targeted population. Abstinence from behaviors which put one at risk for exposure to HIV (such as sexual activity or sharing needles) are stressed as the most accepted protection. Abstinence from sexual activity is emphasized as the best way to avoid transmission of the virus for both infected and uninfected individuals. For those individuals who cannot practice abstinence, barrier protection is presented as a method of reducing risk of transmission for those individuals who are sexually active.

Contract Agency Assurance:

_____ (Contractor) agrees to conduct all prevention programs in conformance with this policy statement. I understand that if programs are observed to be noncompliant, funding will be withdrawn.

_____	_____
Authorized Signature Date	Authorized Signature Date
Alabama Department of Public Health	Contractor

ATTACHMENT 5-1
BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 08/01/2021 02/28/2022

	Budget Summary						Total
Object Class Categories	**Initiative Services**	**Initiative Infrastructure**	**RWHAP Core Medical & Support Services**	**Administration**	**Planning & Evaluation**	**CQM**	
a. Personnel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Contractual	$ -	$ -	$ -	$ -	$ -	$ -	$ -
g. Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Direct Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Admin Budget 10%: 0 Within Limit

Total funding: $ -

CQM Budget 5%: 0 Within Limit

Planning & Evalaution + Admin 15%: 0 Within Limit

ATTACHMENT 5-2
BUGDET SUMMARY
RECIPIENT:
FISCAL YEAR: 03/01/2022 02/28/2023

	Budget Summary						Total
Object Class Categories	**Initiative Services**	**Initiative Infrastructure**	**RWHAP Core Medical & Support Services**	**Administration**	**Planning & Evaluation**	**CQM**	
a. Personnel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Contractual	$ -	$ -	$ -	$ -	$ -	$ -	$ -
g. Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Direct Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Admin Budget 10%: 0 Within Limit

Total funding: $ -

CQM Budget 5%: 0 Within Limit

Planning & Evalaution + Admin 15%: 0 Within Limit

Instructions for completing the Work Plan Template

Pillar - *Ending the HIV Epidemic Initiative (EHE) recipients should focus on strategies, activities, and initiatives to support Treatment (Pillar 2) and Response (Pillar 4). This section is prepopulated and should not be modified unless activities respond to both Pillars (if so; annotate in parenthesis).*

Goal *- Concisely state your goal.*

Example: Increase organizational capacity by filling vacancies that support Ending the HIV Epidemic activities.

Strategy *- State the tactic/methods utilized to accomplish your goals.*

Example: Managers appropriate funding and collaborate with HR to complete the hiring process.

Objective - *Program objectives are what you plan to achieve by the end of your effort; an objective should be written so that it can be evaluated at the conclusion of an activity to see whether it was achieved. It should be a SMART objective (specific, measurable, achievable, realistic, and timely).*

Example: End of Q2 all vacant positions for the program will be filled.

Key Activities/Action Steps *- List the specific tasks you will complete to achieve your objective. Keep this list short, preferably 3 to 5 main tasks.*

Example: Conduct interviews for the following positions to support the program (1-Program Coordinator, 2-Peer Navigators).

Target Start/End Date *- State when the activity will begin and end with any other deadlines or important milestone timelines.*

Example: 4/25/2021 – 5/30/2021 or Q1 – Q2

Responsible Parties *- Detail each team member's roles and responsibilities on the activity. The more specific you are, the better you will avoid confusion during the project.*

Example: Program Director, Program Manager, HR Team

Metrics/Indicators - *Specific, observable and measurable characteristic that can be used to show changes or progress a program is making toward achieving a specific outcome*

Example: All interviews complete and candidates have received offers.

Note*:* Template can be modified at the user's discretion by adding/deleting rows or columns accordingly.

To add a row above the cell, select the row, right-click, select Insert, then select Insert Rows Above. To add a row below the cell, follow the same steps, except for the final step select Insert Rows Below. Tip: To insert more than one row (or column) at the same time, select as many rows or columns as you want to add before you right-click to access the formatting options.

Attachment 6-1

Ending the HIV Epidemic Initiative Work Plan – 08/01/2021 – 02/28/2022			
Pillar Two: *Treat people living with HIV rapidly and effectively to reach sustained viral suppression.*			
Goal:			
Strategy 1:			
Objective 1:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Strategy 2:			
Objective 1:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**

Pillar Four: *Respond quickly to potential HIV outbreaks to get needed prevention and treatment to services people who need them.*
(*Note: Pillar Four is led by CDC to rapidly detect HIV clusters and networks with support from the HRSA RWHAP to provide HIV care and treatment, as applicable.)*

Goal:

Strategy 1:

Objective 1:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Objective 2:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Strategy 2:

Objective 1:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**

Instructions for completing the Work Plan Template

Pillar - *Ending the HIV Epidemic Initiative (EHE) recipients should focus on strategies, activities, and initiatives to support Treatment (Pillar 2) and Response (Pillar 4). This section is prepopulated and should not be modified unless activities respond to both Pillars (if so; annotate in parenthesis).*

Goal *- Concisely state your goal.*

Example: Increase organizational capacity by filling vacancies that support Ending the HIV Epidemic activities.

Strategy *- State the tactic/methods utilized to accomplish your goals.*

Example: Managers appropriate funding and collaborate with HR to complete the hiring process.

Objective - *Program objectives are what you plan to achieve by the end of your effort; an objective should be written so that it can be evaluated at the conclusion of an activity to see whether it was achieved. It should be a SMART objective (specific, measurable, achievable, realistic, and timely).*

Example: End of Q2 all vacant positions for the program will be filled.

Key Activities/Action Steps *- List the specific tasks you will complete to achieve your objective. Keep this list short, preferably 3 to 5 main tasks.*

Example: Conduct interviews for the following positions to support the program (1-Program Coordinator, 2-Peer Navigators).

Target Start/End Date *- State when the activity will begin and end with any other deadlines or important milestone timelines.*

Example: 4/25/2021 – 5/30/2021 or Q1 – Q2

Responsible Parties *- Detail each team member's roles and responsibilities on the activity. The more specific you are, the better you will avoid confusion during the project.*

Example: Program Director, Program Manager, HR Team

Metrics/Indicators - *Specific, observable and measurable characteristic that can be used to show changes or progress a program is making toward achieving a specific outcome*

Example: All interviews complete and candidates have received offers.

Note*:* Template can be modified at the user's discretion by adding/deleting rows or columns accordingly.

To add a row above the cell, select the row, right-click, select Insert, then select Insert Rows Above. To add a row below the cell, follow the same steps, except for the final step select Insert Rows Below. Tip: To insert more than one row (or column) at the same time, select as many rows or columns as you want to add before you right-click to access the formatting options.

Attachment 6-2

Ending the HIV Epidemic Initiative Work Plan – 03/01/2022 – 02/28/2023			
Pillar Two: *Treat people living with HIV rapidly and effectively to reach sustained viral suppression.*			
Goal:			
Strategy 1:			
Objective 1:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Strategy 2:			
Objective 1:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**
Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**

Pillar Four: *Respond quickly to potential HIV outbreaks to get needed prevention and treatment to services people who need them.*
(*Note: Pillar Four is led by CDC to rapidly detect HIV clusters and networks with support from the HRSA RWHAP to provide HIV care and treatment, as applicable.)*

Goal:

Strategy 1:

Objective 1:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Objective 2:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Strategy 2:

Objective 1:

Key Activities/Action Steps	Target Start/End date	Responsible Parties	Metrics/Indicators of Success

Objective 2:			
Key Activities/Action Steps	**Target Start/End date**	**Responsible Parties**	**Metrics/Indicators of Success**

ATTACHMENT 7

EHE: A Plan for America Personnel Form
(Staff paid with EHE: A Plan for America funds)

Name and Title of Employee	Annual Salary Rate	% Time	Total Amount Required
			$
Fringe Benefits % Sub-Total			$
TOTAL			$

Agency/Organization Name:_____FY Grant Period: _____

		ATTACHMENT I8		
	EHE: A Plan for America Budget Summary Table			
	(Instructions: include funding from all sources that support this project only)			
Object Class Categories	**EHE - HRSA**	**EHE - CDC**	**Prevention (-1802)**	**Total**
1. Personnel (list personnel on each grant)*				
1A. Personnel Costs				
2. Fringe benefits				
3. Equipment				
4. Supplies				
5. Contractual				
6. Other				
7. Indirect Costs				
TOTALS				
	*In the Total column, each personnel should not exceed 100%.			

ATTACHMENT 9

Project Name _____
Ending the HIV Epidemic Program
Employee Activity Sheet

Employee Name:	Pay Period Ending:			
Activities	Month	Day	Year	Hours Worked
TOTAL HOURS FOR FIRST WEEK				
TOTAL HOURS FOR SECOND WEEK				
	TOTAL HOURS			
	HOURLY RATE			$
	TOTAL PAY			$

Employee Signature:_____ Supervisor Signature: _____

Date:_____ Date: _____

ATTACHMENT 10

EHE: A Plan for America Equipment List Form

Amount Requested in Budget for Equipment: _____

Itemize, describe, and justify list below. Equipment is defined as any item with an acquisition cost of $500 or more per unit. This may include fax machines, cameras, video recorders/players, televisions, computers, printers and overhead projectors.

ITEM	AMOUNT PER ITEM	TOTAL PER ITEM	PURPOSE
	$	$	
	$	$	
	$	$	
	$	$	

Agency/Organization Name:_____FY Grant Period: _____

STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE

INSTRUCTIONS: In order to receive payment by the State of Alabama, a correct tax identification number, name and address must be on our files. Please complete and return this form as soon as possible to:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
P. O. BOX 303017, MONTGOMERY, AL 36130-3017

PART 1 – TAXPAYER IDENTIFICATION NUMBER, NAME AND ADDRESS

Identification Number _ _ _ _ _ _ _ _ _

Check One:
O Federal Employer Identification Number (FEIN)
O Social Security Number (SSN)

Name: _____

Address: _____

_____

PART 2 – Circle the designation that identifies your type of trade or business.

1 – CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION. (A corporation formed under the laws of any state within the U.S.)
2 - NOT FOR PROFIT CORPORATION (Section 501 (c)(3))
3 - PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
4 - SOLE PROPRIETORSHIP OR SELF-EMPLOYED (I.D. number must be SSN)
5 - NONCORPORATE RENTAL AGENT
6 – GOVERNMENTAL ENTITY (City, County, State or U.S. Government)
7 - FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY.

NOTE: Failure to complete and return this form may subject you to backup withholding in the amount of 20% of future payments pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

_____ SIGNATURE

_____ DATE

(___) _____ TELEPHONE

_____ TITLE

PLEASE INCLUDE FEDERAL IDENTIFICATION NUMBER ON ALL INVOICES.