COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF GENERAL SERVICES
COUNTY GOVERNMENT CENTER•SAN LUIS OBISPO, CALIFORNIA 93408•(805) 781-5200
DUANE P LEIB, DIRECTOR

REQUEST FOR PROPOSAL PS-#943
HIV EDUCATION AND PREVENTION PROGRAM

January 8, 2007

The County of San Luis Obispo is currently soliciting proposals for HIV Education and Prevention Programs. The term of the contract will be July 1, 2007 to June 30, 2010. The County of San Luis Obispo will review all proposals for services and make recommendations to the Board of Supervisors as to which proposal(s) should be funded. The funding is contingent upon availability of funds and approval of the San Luis Obispo County Board of Supervisors.

Each proposal shall specify each and every item as set forth in the attached specifications. Any and all exceptions must be clearly stated in the proposal. Failure to set forth any item in the specifications without taking exception may be grounds for rejection. The County of San Luis Obispo reserves the right to reject all proposals and to waive any informalities. The successful applicant will be required to maintain compliance with HIPAA and all applicable privacy and confidentiality laws and regulations. (Contract will include County's Standard Business Associate Agreement)

If your firm is interested and qualified, please submit six [6] copies of your proposal by 5:00 p.m. on February 16, 2007 to:

San Luis Obispo County
Department of General Services
1087 Santa Rosa Street
San Luis Obispo, CA 93408
ATTENTION: Jack Markey

If you have any questions about the proposal process, please contact Jack Markey at 781-5905. For technical questions and information contact Marsha Bollinger at (805) 781-5192.

JACK MARKEY
Supervising Buyer - Central Services Division
jmarkey@co.slo.ca.us

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TO: ALL PROSPECTIVE APPLICANTS
SUBJECT: LOCAL APPLICANT PREFERENCE

The County of San Luis Obispo has established a local vendor preference. All informal and formal Request for Proposals for contracts will be evaluated with a 5% preference for local vendors. Note the following exceptions:

1. Those contracts which State Law or other law or regulation precludes this local preference.
2. Public works construction projects.

A "local" vendor will be approved as such when, 1) It conducts business in an office with a physical location within the County of San Luis Obispo; 2) It holds a valid business license issued by the County or a city within the County; and 3) Business has been conducted in such a manner for not less than six (6) months prior to being able to receive the preference.

As of March 3, 1994 individual County Buyers evaluate RFP's (Request For Proposals) considering the local vendor preference described above. The burden of proof will lie with applicants relative to verification of "local" vendor preference. Should any questions arise, please contact a buyer at (805) 781-5200. All prospective applicants are encouraged to quote the lowest prices at which you can furnish the items or services listed in County proposals.

	YES	NO
II. Do you claim local vendor preference?		
III. Do you conduct business in an office with a physical location within the County of San Luis Obispo?		
IV. Business Address: _____		
V. Years at this Address:		
VI. Does your business hold a valid business license issued by the County or a City within the County?		
VII. Name of Local Agency which issued license: _____		

Business Name: _____

Authorized Individual: _____ Title: _____

Signature: _____ Dated: _____

PROPOSAL SUBMITTAL AND SELECTION

1. All proposals, consisting of six (6) copies must be received by mail, recognized carrier, or hand delivered no later than 5:00 p.m. on Friday, February 16, 2007. Late proposals will not be considered.

2. All correspondence should be directed to:

   San Luis Obispo County
   Department of General Services
   1087 Santa Rosa Street
   San Luis Obispo, CA 93408
   ATTENTION: Jack Markey
   Telephone: (805) 781-5905

3. Costs of preparation of proposals will be borne by the applicant.

4. It is preferred that all proposals be submitted on recycled paper, printed on one side.

5. Selection of qualified applicants will be by an approved County procedure for awarding professional contracts.

6. This request does not constitute an offer of employment or to contract for services.

7. The County reserves the option to reject any or all proposals, wholly or in part, received by reason of this request.

8. The County reserves the option to retain all proposals, whether selected or rejected.

9. All proposals shall remain firm for 30 days following closing date for receipt of proposals.

10. The County reserves the right to award the contract to the firm who presents the proposal which in the judgment of the County, best accomplishes the desired results, and shall include, but not be limited to a consideration of the professional service fee.

11. Selection will be made on the basis of the proposals as submitted. The Selection Committee may deem it necessary to interview applicants. The County retains the right to interview applicants as part of the selection process.

12. The proceedings of the Selection Committee are confidential. Members of the Selection Committee are not to be contacted by the applicants. All communication between applicant and the County shall be through Jack Markey.

Request for Proposal
To Provide

HIV Prevention and Education Services to High-Risk Populations
by
County of San Luis Obispo
Health Agency
Public Health Department

Fiscal Year 2007 - 2010

Gregory Thomas, M.D., M.P.H.
Marsha Bollinger, Program Manager

San Luis Obispo County Public Health Department
2191 Johnson Avenue
PO Box 1489
San Luis Obispo, CA 93406
mbollinger@co.slo.ca.us
Marsha Bollinger, Program Manager
(805) 781-5192

I. GENERAL INFORMATION

A. Purpose of this request for application (RFA)

The purpose of this RFA is to solicit contractors to provide HIV prevention services in San Luis Obispo County to populations at-risk for contracting HIV. Applicants must be a public or private non-profit agency with demonstrated:

a) ability to conduct HIV prevention programs.
b) experience working with one or more of the target populations.
c) ability to work cooperatively with other agencies.
d) expertise in proposed interventions.

B. Historical overview

In 1996, San Luis Obispo County began receiving federal and state funds from the California Department of Health Services—Office of AIDS to implement community-based planning and HIV prevention activities. Prior to this, funds were distributed through a statewide competitive process that addressed state-prioritized populations and goals. The new, local decision making process allowed San Luis Obispo County to identify and target populations based on local HIV/AIDS characteristics, demographics and population risk factors.

With direction and support from the San Luis Obispo County Public Health Department, AIDS Program, the San Luis Obispo County HIV Prevention, Advocacy & Care Consortium—also known as the "Consortium"—embraced the new community planning requirements in 1996. The Consortium, formed in 1991 as required by the Ryan White Emergency Care Act of 1990 legislation, overseas State allocated Federal funds for medical and support services to people with HIV. The Consortium created a subcommittee to write an HIV Community Plan for San Luis Obispo County. This group conducted needs assessments, interviews, and epidemiological analysis and gathered other research to create the county's first HIV Prevention Community Plan. The Consortium used this document as a guideline for conducting Request for Application processes in 1997, 1999, 2001 and 2003. In 2006, the Consortium updated the previous HIV Prevention Community Plan. This RFA reflects the priorities in the updated plan.

C. Contact information

The San Luis Obispo County Public Health Department will serve as the contact agency and fiscal agent for this project.

D. Available funds

Awards for this RFA are for three years, July 1, 2007 through June 30, 2010. It is likely that $240,299 will be available for the first year because of an expected augmentation in funds for this year only. However in case the augmentation does not occur, grantees must specify which goals are their highest priorities. This can be explained in the scope of work or using an attachment to the application. Grants may be extended for the second and third years contingent upon State funding levels. Funding beyond the first year is not guaranteed.

Funding will be given to those programs whose goals include:

- Comprehensive HIV prevention programs to affect individual behavior change in members of at-risk behavioral risk groups (BRGs);
- Targeted interventions to the selected BRGs listed in this document;
- Interventions as listed in this document; and
- Clear linkages to services including HIV counseling and testing (C&T), Ryan White CARE Act HIV specialty medical care and supportive services, referrals to other services needed to affect behavior change such as drug and alcohol treatment, and Partner Counseling and Referral Service (PCRS).

E. RFA timeline

RFP Distribution	January 8, 2007
Letter of Intent	January 19, 2007
Proposal Due Date	February 16, 2007
Award Decisions	February 26, 2007

F. Mandatory Letter of Intent

Entities intending to submit an application are required to submit a Letter of Intent, postmarked January 19, 2007 indicating that the entity intends to submit an application in response to the 2007-10 RFA. Letters of Intent are to be mailed to:

Marsha Bollinger
Public Health AIDS Program
2191 Johnson Ave
P.O. Box 1489
San Luis Obispo CA 93406

<u>Applications will not be evaluated from entities that fail to submit a Letter of Intent</u>.

G. Behavioral Risk Groups for 2007-2010

The San Luis Obispo County HIV Prevention Community Plan lists populations that must be targeted by projects receiving HIV prevention funds. The populations are based on the epidemiology of HIV/AIDS within San Luis Obispo County.

1. Men who have sex with men (MSM)
2. Substance Users (Stimulant and Injection Drug Users—IDUs)
3. People with HIV/AIDS and their partners

II. APPLICATION REQUIREMENTS

A. Requirements

Each proposal must use the Scope of Work (SOW) format provided in the Application Instructions to describe its intervention type, measurable goals, objectives, key activities and evaluation methods. The "intervention type" will be used by grantees to record process evaluation data in LEO (formerly known as ELI)—the State Office of AIDS' online data-tracking tool. Each grantee must participate in regular data entry throughout the funding cycle, documenting the number of people participating, materials distributed and other demographic data through forms used for each intervention type.

Intervention types approved by the State Office of AIDS and the local HIV Prevention, Advocacy and Care Consortium are:

1. <u>Targeted Prevention Activities (TPA)</u>
TPA is generally conducted by peer or paraprofessional educators, face-to-face with high-risk individuals in neighborhoods or other areas where they typically congregate. A major purpose of TPA is to encourage those at high-risk for HIV to learn their status. Its focus is primarily to locate individuals in high-risk BRGs and assist them into HIV counseling and testing services. Additional referrals to Health Education/Risk Reduction (HE/RR) interventions and other services that address cofactors and barriers to successful behavioral change can also be made. TPA may also include distribution of condoms and educational materials.

Core Requirements:

- Trained staff;
- Encounters longer than five minutes
- Conducting brief risk assessments;
- Providing referrals to HIV counseling and testing programs;
- Providing referrals to other HE/RR interventions and other services including Ryan White CARE services and barriers to successful behavior change.

Training Requirements: Beginning in July, new staff providing TPA must attend a free three-day TPA training program within six months of employment. Staff employed six months prior to July 1, 2007 must complete an abbreviated, on-line TPA course. An on-line training will also be available TPA staff supervisors.

2. <u>Individual Level Intervention (ILI)</u>
ILI is health education and risk-reduction counseling provided for one individual at a time. ILIs help participants appraise their behavior, make plans for behavior change, and monitor their behavior changes.

ILIs also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) to support behaviors and practices that prevent HIV acquisition and/or transmission.

Risk assessment assists participants in identifying the places and influences that put them at risk for acquiring or transmitting HIV. For example, rather than asking close-ended questions such as "Do you use condoms during intercourse?" and selecting yes or no, the question might be phrased using an open-ended questions such as "When is it easy to use condoms during intercourse?" or "When is it difficult to use condoms during intercourse?" The responses to these questions highlight specific risk situations and allow a participant to engage more fully with a trained profession and develop a plan for specific behavior change.

Core Requirements:

- Risk assessment tools submitted and approved by OA prior to implementation;
- Minimum of three sessions with the exception of Comprehensive risk Counseling and Services (CRCS) screening interventions which may be less than three sessions); and
- Creation of a client-centered plan for behavior change.

3. <u>Group Level Intervention (GLI)</u>

GLI is health education and risk-reduction counseling that shifts the delivery of services from the individual to groups of varying size. GLIs use peer and non-peer models involving a range of skills building, information, education, and support. Effective GLIs have multiple participants with longer-term behavior change. In addition, facilitated support groups that have a focus on risk reduction and skills building can also be effective.

Core Requirements:

- Trained facilitators;
- Written curriculum for each group intervention;
- A minimum of three group sessions; or
- A minimum of five hours for a one-time group;
- Complete a group self-administered questionnaire for all one-time groups, and for one session of multi-session groups; and
- Complete the group short-form for all but one session. In that session, the self-administered questionnaire is completed.

Training Requirements: Group facilitators must have training in group facilitation. This training can be from course work previously taken in a certificate or degree program, or from specific training course. If group facilitators need to complete the required training, free training is available through OA. Curriculum development training is available at no cost, as needed.

Curriculum Requirements:
For standard groups:

- Outlined overall goals and objectives for the series.
- List specific objectives and topics for each session within the series.

For "client-driven" groups:

- Outline a pre-determined set of goals and objectives for the series.
- Log the objectives and topics achieved each session.

4. Comprehensive Risk Counseling and Services (CRCS)

CRCS (formerly Prevention Case Management) is a client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. CRCS is a hybrid of HIV risk-reduction counseling and traditional case management, which provides intensive, ongoing, and individualized prevention counseling, support, and links to other vital services.

CDC recommends that CRCS prevention counselors focus primarily on risk-reduction with all clients. Strong collaboration with case managers provides additional information to the CRCS counselor and helps support client success. It is important to keep in mind how the services clients use affect their risk reduction efforts. The CRCS prevention counselor can provide case management services, but only if traditional medical case management services are not otherwise available for clients. In cases where clients do use other case management services, the CRCS counselor may provide referrals to a particular service not provided by existing case management.

A CRCS counselor network, which includes a regular newsletter and regular conference calls where CRCS counselors can seek and provide case consultation, is available via the STD Training Center.

Note: Screening individuals to determine eligibility for CRCS services can be conducted in a separate ILI intervention. This ILI intervention can be done in a single session. Only those determined eligible and agreeable to participating in CRCS services should be enrolled.

Core Requirements:

- CRCS programs will follow the most recent CDC CRCS Implementation Manual (Currently, spring 2006); http://www.cdc.gov/hiv/topics/prevprog/CRCS/index.htm
- Minimum of five sessions, and
- Have a separate ILI intervention to screen potential clients for CRCS services.

Training Requirements: Beginning July, 2007, staff providing CRCS are required to attend OA sponsored training to support skill development and maintenance to provide intensive, on-going, individualized prevention counseling, and referrals to community, social and medical services.

5. Partner Counseling and Referral Services (PCRS)

PCRS offers people living with HIV support in partner disclosure and notification. PCRS services include disclosure skills building to assist individuals with self-disclosure and dual-disclosure, or anonymous third-party notification. Dual-disclosure is defined as counselor assisted self-disclosure to a client's partner. PCRS is frequently conducted within an ILI or CRCS session. This may include elicitation of partner information and coordination with anonymous third-party notification. Counselors must attend California's STD Control Branch PCRS training prior to implementing a PCRS program.

Only health department staff may perform third-party notification. There is an additional training for staff conducting anonymous third-party notification provided by the California STD Control Branch.

Social marketing activities that inform people living with HIV about PCRS are beneficial. The California AIDS Clearinghouse has some pre-developed promotional material.

Note: Technical assistance in the planning and implementation of PCRS services is available through the California STD Control Branch. Contact Phoenix Smith (510) 620.3182 or psmith@dhs.ca.gov for further assistance.

Core Requirements:

- Staff conducting self- and dual-disclosure PCRS must attend the two-day PCRS training provided by the STD control Branch.
- Staff conducting anonymous third-party notification must be health department staff and also attend the additional training specifically for anonymous third-party disclosures provided by the STD Branch.

6. Health Communication/Public Information (HCPI)

HPCI is the delivery of planned HIV/AIDS prevention messages to targeted populations and BRGs through one or more channels. HPCI messages are designed to build general support for safe behavior, support personal risk-reduction efforts, and inform people at risk for infection about prevention services and other services that support the participant's behavior change goals.

Typical delivery modes include electronic media, print media, hotlines, clearinghouses, health fairs, and presentation/lectures, including "HIV101" interventions. Please contact the Clearinghouse for materials prior to developing new ones.

A. Core Requirements:

- BRGs must be specific for each HCPI activity.
- HCPI media created locally must be approved by a local materials review committee.

B. Scope of Work Elements

- Goal
- Objective
- Summary
- Service provider collaboration
- Intervention type
- BRG
- Target size
- Key activities
- Process evaluation

Goals: Goals clearly identify one or more of the prevention strategies included in this application. Goals can be broad or identify a specific BRG. See examples. Goals can address both client-focused interventions and other services or activities that build the capacity of staff and subcontractor to provide high quality prevention interventions. Number goals sequentially when more than one goal is used.

Goal examples:

1. To decrease HIV transmission from high-risk individuals who know they are HIV-positive.
2. Substance users in SLO County will demonstrate a change in behaviors as a direct result of various educational methods, which will increase knowledge, change beliefs and attitudes, develop risk-reduction skills, and bring about a reduction in the transmission of HIV/AIDS.

Objectives: Objectives identify what the intervention will accomplish and is specific to only one goal. Number objectives with the number of the goals first, an "o" for "objective" second, and the number of the objective third. Number objectives sequentially when more than one objective is listed for a goal.

Objective elements:

- Date the objective will be met;
- Targeted BRGs;
- Intervention type (only one per objective);
- Number of individuals served (TPA and ILI), number of groups (GLI), or number of events (HPCI); and
- Specifics about the individuals, such as gender, ethnicity, age, etc.

Objective Example:
2.o.1. By June 30, 2007, 25 HIV-positive MSM will participate in a minimum of four ILI risk-reduction counseling sessions.

Summary: Summarize the intervention, including information on how the intervention helps meet the prevention strategy, and how the intervention links participants to Ryan White Care Act health services, other prevention services, and additional needed services. Number summaries with an "s" for "Summary", followed by sequentially numbered items.

Summary example:

s.1. Program staff will provide four, 30 minute or longer individual risk-reduction education sessions to 25 HIV-positive gay men or MSM. The ILI session will include:
   a. A sexual and chemical risk assessment;
   b. Creation of a client-centered behavioral risk-reduction plan; and
   c. Follow-up sessions(s) to assess progress in behavior change.

s.2. Prevention staff will provide referrals to support groups, medical and social services resources and will encourage participation in PCRS.

s.3. Prevention staff will refer and help individuals enroll in case management program and supportive services.

Service provider collaboration: Collaboration with other HIV services providers is encouraged including case managers and other programs that clients would likely be considered "high-risk" for acquiring or transmitting HIV. Drug and alcohol programs, mental health programs, and transitional living programs are a few of many programs that would be logical for collaboration. Number service provider collaboration items with "spc" for "Service Provider Collaboration", followed by sequentially numbered items.

Collaboration example:

spc.1. HIV prevention staff will ask clients to sign a release of information form allowing staff to collaborate and consult with staff at referral agencies.
spc.2. Staff will establish case conferencing with case managers for all prevention participants enrolled with signed release of information forms.
spc.3. Staff will encourage participants to accept referrals to other service providers.
spc.4. Provider will create MOUs with other agencies they will work closely with to provide prevention services.

Intervention type: see pages 7 through 10.

Behavioral risk group: see page 6

Target size: Depending upon intervention, this identifies either the number of individuals served or the number of groups or events planned.

Key activities: Key activities identify the main actions required to successfully implement the intervention and the date they will be completed. Number key activity items with "ka" for "Key Activities", followed by sequentially numbered items.

Key activities example:

ka.1. By July 30, 2007, select risk assessment tool and train all staff on it administration.
ka.2. By July 30, 2007, hold joint meeting between agency staff and case managers to describe program and encourage referrals and collaboration.
ka.3. By August 15, 2007, develop and distribute promotional materials offered ILI services to gay men and MSM through the County.
ka.4. By September 30, 2007, complete MOUs and three meetings with collaborative agencies to discuss program, referrals and collaborative opportunities.
ka.5. By December 30, 2007,at least two staff will complete PCRS training available through the California STD Control Branch.
ka.6. By December 30, 2007, all staff will attend the OA sponsored gay men's training course presented by the STD Training Center.
ka.7. By June 30, 2008, provide the ILI risk-reduction sessions.
ka.8. Through June 30, 2008, complete a LEO (ELI) ILI form for each session provided, and enter data into LEO system within one week of session.

Process Evaluation: Process evaluation is accomplished by establishing interventions in the LEO data system and using the LEO data collection forms associated with the type of interventions provided.

Process evaluation example: Using the modified GLI form, update LEO within one week of the group intervention.

C. Required fiscal documents:

- Five-line item budget
- Budget justification
- Personnel detail

III. APPLICATION INSTRUCTIONS

A. Application Format

Complete the application according to the following instructions. All forms may be reproduced as needed. Applications must be prepared in accordance with the following format.

1. Applications must be typed and submitted on 8½ by 11 inch paper. Applications must be unbound. Do not submit over-sized documents (example: legal size 11 by 17 inch budgets) or double-sided copies.

2. Applications must be single-spaced. Leave a blank space between paragraphs and sections. Do not use a type font smaller than 12 points. Use 1-inch margins Ariel font. Spell out numbers less than ten or any numbers that begin sentences. Spell out acronyms before use [i.e. behavioral risk groups (BRGs)]

3. Provide a table of contents that includes page numbers. Number all pages of the application consecutively. List appendices in the table of contents and place them immediately after the budget justification.

4. Complete all forms and use the sample format for the proposed scope of work, budget and budget justification.

B. Application Cover Sheet, Form A

a) Print or type the exact legal/official agency name, address, telephone number and federal employee identification number. The name of the agency/applicant must be exactly the same wherever it is used throughout the application. If funded, this is the name and address that will appear on the ensuing contract. Copies of the contract requiring a signature will be sent to the address listed in this section.

b) Indicate the target group(s) that the agency/applicant expects to serve in FY 2007/08.

c) Indicate the amount of funds that the agency/applicant is requesting for FY 2007/08 for each target population.

C. Agency Information, Form B

Item 1. Identify the name, title, address and telephone number of the agency director.

Item 2. Identify the name, title, address and telephone number of the agency fiscal officer.

Item 3. Identify the name, title, address and telephone number of the project director or the contact person in regards to this application.

Item 4. Identify alternative contact person and include telephone number.

D. Agreement and Certification, Form C

Original signatures in blue ink are required on the original application. SIGNATURE STAMPS ARE NOT ACCEPTABLE.

Item 1. Agreement: Agency official with the authority to commit the agency to a binding contact needs to sign the statement. Type or print name, title and date.

Item 2. Certification statement: The agency's authorized representative or chairperson of the agency's governing body must sign the statement.

E. Description of Proposed Program

To describe each intervention, use the attached Scope of Work (SOW) format at the end of this RFA in attachment 1A. Attachment 1B provides instruction for completing each heading within the SOW. The SOW describes each intervention's goals and objectives and their target populations in terms of age, ethnicity (if applicable). In the key activities section, describe how program participants will be recruited or how they will be reached including barriers to recruiting and unique needs of the populations or subpopulation you plan to serve. BRGs were described on page 6.

Grantees receiving funding will be asked to modify this SOW for submission to the State Office of AIDS after award announcements.

F. Budget, Attachment 2

Use the budget format attached to this RFA in attachment 2.

The five main headings—Personnel, Operating Expenses, Capital Expenditures, Other Costs and Indirect Expenses must be present. Each applicant's budget must not contain administrative expenses higher than 15% of the total proposed budget. Administrative Expenses include staff that do not have direct client contact, office expenses, rent, utilities and indirect costs. Program Expenses include service delivery staff, program materials, mileage, training, speakers, subcontracts, etc. Prevention funds cannot be used for the purchase or renovation of buildings, facilities or land, or for equipment purchase. Therefore, the Capital Expenditures line should be $0. Also, the funds must not supplant existing HIV prevention programs and Indirect Expenses cannot exceed 10% of personnel costs.

Please show all personnel by job category or classification and include a name if known. Put their monthly salary in the first white column before each intervention. FTE stands for "Full Time Equivalent" and the standard workweek is considered to be 40 hours. Indicate the percentage of time that each position will be funded by this project in the second white column. For example, if one were to work on this project 20 hours per week, this would represent 50% of a standard workweek or 0.5 FTE. FTEs are only estimates and may be subject to change over the budgeted period. Place the total number of months the person will be working on the program, per year, in the third white

box. (Since most positions are year-round, this number will usually be 12). Show the total salary cost to each goal/objective in the gray box. Please make sure to include only the appropriate staff costs in the "Total Admin. Costs" and "Total Program Costs" in the subtotals at the bottom of the page and check all formulas for accuracy.

Include in-kind contributions for each category in the last column of the budget. Applicants should explain in-kind contributions in the Budget Justification. All dollar amounts and percentages should be rounded to the nearest whole number.

The budget spreadsheet is available on disc or via e-mail. If you have problems with the spreadsheet, please contact Marsha Bollinger, 781-5192.

G. Budget Justification

Please follow the instructions and format provided in Attachment 3. Also, please be aware:

- Operating expenses may include, but are not limited to, the following:
  - General: Office supplies, reproduction costs, utilities, computer software, rent.
  - Educational materials: brochures, condoms, bleach kits.
  - Travel and per diem: Includes travel to program sites, meetings, conferences, and workshops. No out of State Travel is permitted with these funds.
- Capital Expenditures are not applicable to this grant.
- **Indirect expenses may not exceed 10% of the total personnel costs.**

IV. APPENDICES

Please include the following items as appendices to your proposal.

1. Appendix A: Certification of 501(c)(3) status, if appropriate. Current contractors need not submit this document.

2. Appendix B: Letter(s) of collaboration. For agencies submitting collaborative proposals, letters of agreement must be included.

   (Appendix C Intentionally Omitted)

3. Appendix D: Organizational chart including proposed program.

4. Appendix E: Job descriptions of proposed staff.

V. REVIEW CRITERIA

A. Complete Proposals

A review committee of representatives from public agencies and affected communities will evaluate proposals that are deemed complete. Individual committee members will evaluate and score the proposals based on the degree to which each proposal meets the requirements specified in Section III. Review committee members will average scores and the resulting score will determine the proposal's ranking. Based on these rankings, the review committee will make recommendations to the HIV Prevention, Advocacy & Care Consortium. The Consortium will make final recommendations to the San Luis Obispo County Director of Public Health. Points will be awarded as follows:

1. Scope of Work .....65 points

2. Budget and Budget Justification .....30 points

3. Appendices included and complete .....5 points

Total Points Available .....100 points

Incomplete Proposals

Incomplete applications will not be considered. Applications will be considered incomplete for any of the following reasons: 1) submitted in a format other than that specified in Section III; 2) lacking appropriate signatures as specified in Section III; 3) goals, objectives, activities and evaluation submitted in a format other than those specified in Section IV; 4) budget submitted in a format other than that specified in Section III; 5) appendices specified in Section IV not included; and 6) does not follow any other requirements as outlined in this RFA.

VI. RFA CHECKLIST AND FORMS

Please use this checklist when submitting your RFA package.

Original plus six copies of the RFA package (unbound).

Funding application information (Form A).

Is the application complete?

Agency Information (Form B).

Are agency representatives listed correctly?

Agreement and Certification (Form C).

Are signatures in blue ink on original application?

Scope of Work

Budget (Attachment 2).

Is the budget in the format requested?
Are the Excel formulas correct?
Are Administrative Costs 15% or less of the total request?
Are indirect costs 10% or less of personnel costs?

Budget Justification (Attachment 3).

Are all line items fully explained?
Are all personnel positions listed?
Have all math computations been checked and verified as correct?

Required Appendices

Certificate of 501(c)(3) status is included (Appendix A)
Letters of collaboration are included? (Appendix B)
Organizational chart including proposed program? (Appendix D)
Job descriptions of proposed staff? (Appendix E)

Form A
HIV PREVENTION PROJECTS FUNDING APPLICATION
SAN LUIS OBISPO COUNTY: FISCAL YEARS 2007-10

1. OFFICIAL AGENCY NAME AND ADDRESS:
Indicate address as it is to appear on contract.

Name: _____

Address: _____

City/State:_____Zip Code: _____

Federal Employee ID #:_____Telephone Number: _____

2. TARGET GROUP(S):
Indicate the target groups and total cost to serve that target group for which you are applying.

Men who have sex with men (MSM)
(includes gay youth)
Total cost to provide services to this population _____
Total duplicated contacts to be served _____

Substance users and their sex partners
(includes SLO County Jail, partners of users and drug users in and out of treatment, syringe exchange)
Total cost to provide services to this population _____
Total duplicated contacts to be served _____

People with HIV/AIDS and their partners
Total cost to provide services to this population _____
Total duplicated contacts to be served _____

3. Total Amount Requested for FY 2007/08: $_____

Form B

AGENCY INFORMATION

(Please type or print all information)

1. Director

Name: _____

Title: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____ E-mail address: _____

2. Fiscal Officer

Name: _____

Title: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____ E-mail address: _____

3. Contact Person/Project Director

Name: _____

Title: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____ E-mail address: _____

4. Alternative Contact Person

Name: _____

Telephone Number: _____

FORM C

AGREEMENT AND CERTIFICATION

1. Agreement: To be completed by all applicants.

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge, and further, understands that this is a public document, which is open to public inspection.

_____

Original Signature Title

_____

Name (type or print) Date

2. Certification Statement: To be completed by all applicants.

I certify that this program will comply with all federal, state and local legal requirements pertaining to the program. I understand that the San Luis Obispo County HIV Care Consortium will use materials submitted by this agency as a guide for program consultation and assessment.

_____

Original Signature Title

_____

Name (type or print) Date

ATTACHMENT 3

(SUBCONTRACTOR NAME)
BUDGET JUSTIFICATION NARRATIVE
Term: July 1, 2007 to June 30, 2008

The Budget Justification Narrative supports each line item in the budget, including a summary of responsibilities for each budgeted position. While not part of the contract agreement, it is part of the contract agreement file. Briefly explain and justify each budget line item.

1. Personnel: List each position that is funded under this budget. If known, include the actual staff name. Include a brief explanation of each position's major responsibilities.

2. Operating Expenses: Explain and justify items included in this line. Briefly summarize the rational and assumption used in estimating the cost for each item.

3. Capital Expenditures: Should be $0

4. Other Costs: This pertains to costs not applicable to any other specific category including all subcontracts for any or all program services. Identify each cost and provide a brief description. For each subcontract, identify the subcontractor, the scope of work, and total amount of the subcontract. For each subcontract, provide a copy of the budget (or proposed budget). Explain the method of how the subcontractor was or will be selected. Include a brief explanation of each subcontractor's major responsibilities.

5. Indirect Costs: This line limited to 10% of personnel. Explain and justify items included in this line. Briefly summarize the rationale and assumption used in estimating the cost for each item.

6. In-Kind Contributions: Please explain any other funding used to support each intervention. For example, if you are using multi-sessions that include HIV presentations, please state whether the multi-session series is being funded through another funding source. Explain the value this funding will add to an existing program and whether or not HIV education is an expected or reported part of that funded series. If appropriate, please explain why you need two sources of funding for the program.