

**CITY OF CLEVELAND
DEPARTMENT OF PUBLIC HEALTH
FEDERAL HIV PREVENTION FUNDS
2010-2011**

Request for Proposals



Date of Issuance

September 1, 2009

Applications Due

September 22, 2009; 12:00 PM

2010-2011 Federal HIV Prevention Grant
REQUEST FOR PROPOSALS

Introduction

Purpose and Intent

The City of Cleveland announces the availability of Federal HIV Prevention funds. The Ohio Department of Health (ODH), in accordance with the Centers for Disease Control and Prevention (CDC), HIV Prevention and HIV Prevention Plan for Ohio, has allocated these funds to Cleveland and other Ohio regions for implementing HIV prevention activities. Prevention activities include counseling testing and referral (CTR) services; partner counseling and referral services; prevention among HIV-infected individuals; health education and risk reduction (HE/RR) activities; incorporation of HIV prevention into the medical sector; public information; and social networking.

ODH's goals of the grant are:

1. To decrease the number of persons at high-risk for acquiring or transmitting HIV infection by delivering targeted, sustained, and evidence-based HIV prevention interventions, including prevention with positives and perinatal prevention;
2. To increase, through voluntary counseling and testing, the proportion of HIV-infected people who know they are infected, focusing particularly on populations with high rates of undiagnosed HIV infection by incorporating the new HIV rapid test where applicable, by reconfiguring counseling and testing resources to increase the efficiency of such services, by increasing the number of providers who routinely provide HIV screening in health care settings, and by increasing the number of partners who receive partner counseling, testing, and referral (PCTR) services;
3. To increase the proportion of HIV-infected people who are linked to appropriate prevention, care, and treatment services;
4. To strengthen the capacity of local health departments, Community-Based Organizations (CBOs), and other partners to implement effective HIV prevention programs;
5. To strengthen the capacity of local health departments, CBOs, and other partners to effectively evaluate HIV prevention programs;

The Cleveland Department of Public Health (CDPH) will make approximately \$325,000 available through a competitive Request for Proposals (RFP) process to the community for HIV prevention and testing programming. The final ODH award amount will not be known until late 2009, so the CDPH will carry out this RFP process with the expectation that it will fund five or six programs budgeted at \$50,000 to \$60,000.

The CDPH will award grants to agencies for a two-year grant cycle that will begin on January 1, 2010 and run through December 31, 2011. There is the possibility of a reduced

award amount for the 2011 grant years, so funded agencies must be able to operate on a reduced budget. Federal HIV Prevention funds will be made available to nonprofit organizations and public agencies to provide HIV/AIDS prevention interventions, including HIV testing, to the residents of the Cuyahoga County.

The City of Cleveland reserves the right to not award all or any of the funds available through this request for proposals process, based on the available funding, and the quality of the proposals submitted. Individual grant awards may be adjusted to ensure maximum utilization of grant funds.

Prevention interventions must utilize theoretical approaches that are evidence based and scientifically proven. Interventions using approaches outlined in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness will be given special consideration. The Compendium can be found at http://www.cdc.gov/hiv/resources/reports/hiv_compendium/index.htm The CDC also lists EBIs on the Diffusion of Effective Behavior Interventions (DEBI) website. These interventions are found at: <http://www.effectiveinterventions.org/> **All interventions must also provide HIV counseling and testing services.**

Funding Priorities

Prevention Interventions: Submission of prevention interventions must target one or more of the following target populations to be considered for funding:

1. **Bisexual Persons**
2. **African American/Biracial Men (especially Youth, Young adults)**
3. **African American/Biracial Women (especially Youth, Young adults)**
4. **Men who have sex with men (MSM)**
5. **Youth**
6. **Transgender Persons**
7. **Latinos**
8. **Drug Users**
9. **Older Persons**
10. **Persons Living With HIV/AIDS**

The priority populations were identified by the 2009-2011 Cuyahoga County Comprehensive HIV/STD Prevention Plan, which was drafted by the Cuyahoga County HIV Prevention Regional Advisory Group (RAG)-Needs Assessment Committee. The above list is prioritized and funding decisions may be made based on whether a program targets the highest risk population(s). Proposals may target more than one priority population (i.e. MSM, transgender, and bisexual males; African American high-risk heterosexual males and females, etc.)

In developing the prioritization process, the Needs Assessment Committee recognized that target populations frequently reflect more than one population (such as young African American MSM) and that the combination of risk factors elevates risk level. The committee also noted that although these populations are prioritized, **they are all at high-risk and in**

need of HIV prevention programming. It is anticipated that the demand for funding will be high, so the RAG and CDPH may exclude funding some of the target populations if those populations' HIV prevention needs are being addressed by other funding sources (i.e. the Community Development Block Grant (CDBG) – HIV Prevention Program, the AIDS Funding Collaborative (AFC) and the Alcohol, Drug Addiction and Mental Health Service (ADAMHS) Board of Cuyahoga County).

Although Persons Living With HIV/AIDS is listed above as the #10 priority population in this region, ODH requires that all regions receiving Federal HIV Prevention funding provide programming targeting this population. Comprehensive Risk Counseling Services (CRCS) is recognized as the preferred intervention for this population; however, there are other evidence-based interventions that are available to meet this population's prevention needs.

The HIV/STD Needs Assessment is a part of the draft Comprehensive HIV/STD Prevention Plan, which is anticipated to be finalized and adopted in the next month. To obtain a copy of the draft comprehensive plan, contact David Merriman at dmerriman@city.cleveland.oh.us or Tammie Jones at tjones@city.cleveland.oh.us

HIV Testing in Clinic Settings: In addition, proposals will be accepted for projects that primarily provide HIV testing in a clinic setting where there are other ancillary medical services. These services and settings may include but are not be limited to: STD clinics, family planning providers, immunization clinics, woman's health services, criminal justice medical clinics, and other clinical providers.

The goal of these projects is to provide HIV counseling and testing in settings that leverage STD screening and are more likely to reach persons with known behavioral risks. A provider applying for an HIV testing only grant will complete a minimum of 2,500 tests annually.

Evaluation

All funded programs will be required to participate in Ohio Department of Health program evaluation activities. At a minimum, agencies must collect pre and post intervention client data forms and HIV testing Opscans. Programs must have the capacity to perform web-based data entry.

Timeline for Request for Proposals

A. Date of Issuance of RFP: September 1, 2009.

B. RFP Due Date: September 22, 2009; 12:00 PM; all proposals received after the due date will not be accepted.

Applications must be submitted electronically **and** in paper form. The electronic copy can be emailed to the address **below** or saved on a CD, Microsoft Word or Adobe Acrobat file format preferred, and submitted with the paper copy. The paper submission must include the original and seven copies of the proposal and all necessary supporting documentation.

The CDPH prefers that proposal be printed double sided, however this is not a requirement. Proposals and questions should be addressed to:

David Merriman
Cleveland Department of Public Health
Office of HIV/AIDS Services
75 Erieview Plaza, 3rd Floor
Cleveland, Ohio 44114
(216) 420-8504
dmerriman@city.cleveland.oh.us

Technical Assistance

A technical assistance session for applicants will be held at the Cleveland Department of Public Health at 75 Erieview Plaza, Cleveland, Ohio 44114 (3rd Floor Conference Room) on **Tuesday, September 8, 2009 at 9:00 AM and 1:00 PM.** All sections of the Request for Proposals will be reviewed at that time and ample opportunity for questions will be provided.

QUALIFICATIONS OF APPLICATIONS

Applicant agencies must meet the following minimum requirements:

- Applicants must be not-for-profit, tax exempt organizations as determined by Section 501(c) 3 of the Internal Revenue Code, with a current, valid letter of exemption or be a public agency or school district.
- Have proven administrative, fiscal and program capacity to implement the CDC EBI/DEBI interventions
- Have the administrative technological equipment (Hard & Software) and systems capacity to run/participate in the federal CDC data evaluation system known as the National Monitoring and Evaluation System
- Grant funds are provided on a reimbursement basis. Agencies must have the ability to provide initial revenue for program costs.
- Applicant agencies must demonstrate at least two years expertise in the proposed HIV prevention program area.
- Employ, currently, at least one (1) ODH Certified HIV test counselor
- Multiple proposals may be received from applicant agencies.

PROGRAM REQUIREMENTS

- Funded agencies must submit monthly fiscal reports for reimbursement and programmatic reports outlining performance and outcomes. Reports must be submitted to the CDPH. Agencies must have the capacity to submit the reports through email or an internet website if required. Reimbursement will be withheld from agencies that do not adhere to the reporting requirements; contracts may be terminated.
- All funded programs will be required to participate in Ohio Department of Health program evaluation activities. At a minimum, agencies must collect pre and post intervention client data forms and HIV testing Opiscans. Programs must have the capacity to perform web-based data entry. Agencies will be required to have DSL or cable internet access, and all program staff must have email access. The funded agencies will be required to submit the surveys with their agency's monthly reports. Reimbursement will be withheld from agencies that do not adhere to the evaluation requirements; contracts may be terminated.
- Funded agencies will be required to send funded staff to support public HIV testing events. Reimbursement will be withheld from agencies that do not adhere to this requirement; contracts may be terminated.
- All funded agencies will be required to participate in the Cuyahoga County HIV Prevention Regional Advisory Group (RAG). Participation includes attending the eight meetings held each year and participating on at least one subcommittee.
- Award recipients will be required to participate in site visits to discuss performance and provide demonstration of program activities.

PROPOSAL COMPONENTS

Each proposal must contain the following content requirements. Failure to do so will result in exclusion from the funding process.

1. Agency programs must be based on **behavioral science, theory or be scientifically proven**. The agency must demonstrate that the program interventions are behaviorally-based by: explaining the formal theory incorporated into the program design, denoting the evidence-based model being replicated, or explaining the adaptation of a behavioral science based prevention model being used.
2. Programs must be **culturally and linguistically appropriate** for the target population(s).

3. Programs must **focus on HIV prevention but also address other Sexually Transmitted Diseases (STD)**. Special considerations will be given to programs that can provide **leveraged services that address one or more co-factors that lead to HIV infection as they relate to the targeted population**, e.g., alcohol and other drug use and abuse, low self esteem, physical/emotional/sexual abuse, socioeconomic factors, sexual addiction, peer pressure, cultural/ethnic barriers, religious beliefs, and health factors common to at risk populations for example (unplanned pregnancies, and stress related illnesses).
4. Programs must provide **skill building training**, which will enable participants to avoid risky behavior and to educate participants regarding alternatives to risky behavior.
5. The CDPH has established the goal to increase annual community based HIV testing by 10,000 in the Cuyahoga County. To reach this goal, **each funded programs will be expected to test at least 500 individuals each year**. The CDPH will provide the HIV test kits and establish contractual requirements that all programs will participate in public testing events. Programs can provide testing through either on-site services or off-site testing carried out by program staff, as well as agency and public testing events. Priority will be given to programs that integrate HIV and STD testing. Agencies without this level of existing testing capacity, must develop a formal collaboration or partnership with an established testing provider
6. Proposals must document **previous and current knowledge and experience in working with the target population**, particularly as these relate to culture-specific norms, values, realities of the target population, gender and cultural norms in sexual decision making, and HIV/AIDS related experience with target population.
7. **Identify and implement effective models of client recruitment and retention**. If the proposal has an outreach component, it should identify the geographic areas where it intends to reach the targeted population. It should also identify social venues that it will target such as crack houses, shooting galleries, public sex environments, beauty salons, the Internet, and churches.
8. Proposals are encouraged to incorporate **collaboration and partnerships** with other local agencies involved with HIV/STD prevention, education and/or services, as well as other local organizations with connections and experience with target populations.

PROPOSAL FORMATING & SUBMISSION

Each proposal must meet the following format requirements. Failure to do so will result in exclusion from the funding process.

1. All proposals are to be typed on 8 ½ by 11-inch paper, double-spaced, with a minimum 0.7” margins. The CDPH prefers that proposal be printed double sided, however this is not a requirement. Applicants should use 12-point Times New Roman font, with pages numbered in the center of the Footer. Proposals should be stapled at the top of the left side of the project summary form. The proposal summary page should be used as the cover sheet for the proposal.
2. Begin each section of the narrative on a new page. Limit your answer to the amount of space specified for that particular section of the narrative.
3. An original and seven (7) complete copies as well as the electronic copy of your proposal must be received by CDPH staff by the deadline.
4. Submitted proposals are to be reviewed by Cleveland Department of Public Health chosen reviewers. All funding decisions are final.
- 5. Deadline extensions will not be granted for any reason.**

The focus of the proposal must be the two-year 2010-2011 Grant Years’ activities and related budget information. Please use the following proposal format and address each component within the allotted page limits:

Project Summary Form 1 page maximum
(use the attached Project Summary Form)

Abstract 1 page maximum

- Name and a description/purpose of the proposed project.
- Priority population(s) the project intends to serve.
- The HIV prevention gap the program intends to fill.
- The selected HIV prevention intervention and the proposed outcomes the intervention will achieve.
- A description of the HIV testing services that the program will provide.

Organizational Commitment to HIV Prevention 2 page maximum

- Describe internal organizational relationships that relate to the proposed program. Include an organizational chart, identifying where the proposed program is to be placed. Identify all other agency HIV and STD prevention, testing, treatment, and/or care services and programs that will support the needs of the target population or community.
- Describe external organization relationships that relate to the proposed program. Special attention should be given to the STD clinical services; substance abuse and mental health counseling; health promotion programs; and services that meet the basic needs of clients (activities such as food centers, housing assistance, job training, and education support). Discuss the nature of these relationships, how coordination is to occur, and what policies and practices are in place to ensure client confidentiality. A

letter of support or Memorandum of Understanding should be included with the proposal for formal relationships related to the proposed activities.

Target Population Description

2 page maximum

- Describe the program's target population(s). Please note discussion of priority populations on p. 2-3 of this RFP. Describe the specific behaviors and/or environmental factors that place the population at high-risk HIV exposure.
- Describe the agency's qualification and prior experience working with the target population(s) as well as addressing the identified risks factors.
- Describe how the program will recruit and retain participants. Explain what outreach is proposed or in place to attract members of the target population(s) or if participants will be recruited from existing agency clientele. Identify and describe if any internet or electric outreach that is planned and include the intended targeted websites. Discuss if social marketing will be used to recruit clients and where materials will be posted.
- Discuss the level of demand and interest within the population(s) to receive the proposed services and if incentives will be needed to create that demand. If incentives are to be used, provide agency history on managing incentives and specific detail on their value, distribution, and form (cash, gift cards, debit cards, etc).
- Discuss if and how the target population is included in the decision making of the agency (e.g. involvement with the agency's Board of Directors, through focus groups or consumer advisory councils, or other means of organized input).

Program Narrative

5 page maximum

- Discuss which intervention the program will use to meet the target populations' preventions needs and why the intervention was selected. If the intervention has multiple sessions, discuss what efforts the program will employ to ensure a 65% or more client retention rate.
- Describe the program's implementation plan for 2010-2011. If this is a new program, discuss the plan's efforts to ensure that intervention is implemented with fidelity. If the program is currently running, discuss the overall success of the project. The CDPH will provide data regarding past program performance to the RFP review committee.
- Identify when and where the program services will occur and how these meet the needs of the client.
- Describe staff utilization plans - use of existent staff or new staff to be added. Attach resumes and copies of any training certifications or professional licenses for existing staff. All applicant agencies must currently employ at least one (1) ODH Certified HIV test counselor. Attach position descriptions for new hires and list the qualifications and experience of staff who are to implement the program. Describe plans for timely hiring of staff, if applicable. It is expected that all staff will have or receive all necessary evidence based intervention training within three months of program start up. Incorporate training costs in your budget. Grant funds can be used for out-of-state travel to attend trainings with approval.
- Describe how referrals to HIV testing and other programs will be documented and followed up.

- Describe the anticipated outcomes of the program and the number of clients served. These outcomes must include that 65% of participants complete the intervention sessions and that 65% of those who complete score higher on the post-test survey.

HIV Testing

1 page maximum

- Describe the program's HIV testing activities. Identify if the program will use rapid or confirmatory HIV tests, and if the program is only providing rapid testing, where will the agency refer clients that test preliminary positive for a confirmatory HIV test. Will the program focus on establishing testing hours and outreach sites, public testing events, or a combination of the strategies?
- Describe the implementation plan for HIV testing strategies, including the number of HIV tests that will be provided via each selected strategy, the timeline, and the staff responsible for the service. As stated on page 7 of the RFP, all agencies applying for funding to provide *HIV Prevention Interventions* must also provide a minimum of 500 HIV tests annually. Additionally, agencies applying for funding to provide *HIV Testing in Clinic Settings* must provide a minimum of 2,500 test annually.
- Identify all other HIV testing activities the agency provides. Discuss how the additional testing requirement will be integrated with the existing services (i.e. ADAMHS Board, CDBG-HIV Prevention, and Title X) and what efforts will be taken to ensure new clients are being recruited for testing. If your agency is currently a HIV testing provider, identify your positivity rate for 2008.
- Identify if the program is providing STD screening and if there is the capacity to integrate HIV and STD testing services.

Evaluation

1/2 page maximum plus attachment(s)

- Provide the proposed intervention's behavior evaluation that will be used as the pre and post-test survey.
- Include a description of how the agency will track and report HIV testing numbers and the positivity rate where HIV tests are being provided at each location.

Scope of Services 2010

- A Scope of Service for the **2010 grant year** must be included. The scope should list program objectives, activities and target numbers to be reached in 2010.
- See Attachment B

Budget

- A line item budget for the **2010 grant year** must be included and account for all costs (including in-kind costs and outside grants) that contribute to the maintenance of the proposed project using Budget Forms 1-2.
- An accompanying descriptive budget narrative must be included and explain each line item in detail. It must describe how the amount requested was calculated.
- There is a 7% administrative overhead/indirect cost maximum. All administrative costs must be supported with a line item and narrative budget documents.

- Include a copy of the 2010 agency budget (if not yet approved, included the 2009 agency budget).
- CDPH will purchase and provide rapid HIV test kits for the tests that are outlined in the proposal. Agency budgets should not include rapid test kit; however, agencies should include the costs to purchase test controls and supplies as well as confirmatory testing kits.

** In developing the program budget and narrative, consider the following questions: Does the budget reflect the total cost of the proposed program, including in-kind costs? Does the applicant appear to have the ability to realistically provide the listed in-kind costs? Does the budget narrative provide a basis for the proposed program and the number of individuals targeted? Does the requested funding account for more than 50% of the agency's total operating budget for the project year? Is the request reasonable? Is the level of supervisory staff and administration consistent with the scope of work? Does the budget include sufficient funding for required staff training and certification?

Supplemental Materials

- **Position Description and Resume(s)** for all project staff must be included with the proposal. If the project will use existing staff of the applicant organization, resumes/qualifications of these staff members should be included in the application.
- **IRS Letter of Exemption**: A copy of the applicant organization's IRS letter of exemption should be included with the proposal.
- Provide an **audited financial statement** for the applicant's last fiscal year. If the agency has previously submitted their most recent audit to the Office of HIV/AIDS Services please indicate date of submission, and there is no need to submit a copy with this application.

Letters of Collaboration

- If the proposed program includes formal collaboration(s) with other agencies, this should be documented in a letter or Memorandum of Understanding with each agency and dated within the last 60 days.

REVIEW CRITERIA

Applications meeting the minimum requirements will be reviewed and evaluated in the following areas against 110 points or 115 if letters of collaboration are applicable:

Project Summary Form	2 points maximum
Abstract	3 points maximum
Organizational Commitment to HIV Prevention	10 points maximum
Target Population Description	15 points maximum
Program Narrative	25 points maximum
HIV Testing	15 points maximum
Evaluation	10 points maximum
Scope of Services	10 points maximum
Budget & Budget Narrative	15 points maximum
Supplemental Materials	5 points maximum
If applicable:	
Letters of Collaboration	5 points maximum

APPLICATION CHECKLIST

Make sure that the application is complete before it is submitted by checking the following list:

Proposal

- Project Summary Form
- Abstract
- Organizational Commitment to HIV Prevention
- Target Population Description
- Program Narrative
- HIV Testing
- Evaluation plus Attachment
- Scope of Services
- Budget Narrative

Supplemental Materials

- Budget Forms 1-2
- Position Descriptions
- IRS Letter of Exemption
- Audited Financial Statement (if applicable)
- Letters of Collaboration (if applicable)
- Attachment A, signed

Project Summary Form

Project Name and Target Population:		
Legal Applicant/Recipient Organization:		
Tax Identification Number:		
Executive Director/CEO/President:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

Administering Agency:		
Program Contact Person:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

FY 2010 Grant Amount Request:

\$

Current HIV/STD Prevention and Testing funding: If yes:	Grant period	Amount
AIDS Funding Collaborative Yes () No ()		
ADAMHS Yes () No ()		
CDBG-HIV Prevention Yes () No ()		
SAMHSA Yes () No ()		
Other(specify) Yes () No ()		
Other(specify) Yes () No ()		

Grant Review Feedback: Receive Feedback on RFP review process: () Yes () No
--

To the best of my knowledge and belief, the information contained in this application is true and correct. This document has been duly authorized by the governing body of the applicant organization to comply with the required assurances if the application is approved.

Certifying Representative Signature

Typed Name/Title

BUDGET FORM 1

Name of Project _____
 Applicant Agency _____
 Grant Year 2010

Personnel		Hours Per Week on Project	Source of Project Funds		
Name	Position Title		Grant Funds*	Other Funds**	Total Project Costs
SUBTOTAL PERSONNEL					
FRINGE BENEFITS					
Insurance					
Social Security					
Retirement					
Disability					
Medical					
Dental					
TOTAL PERSONNEL					

* These are grant monies, which are being requested.
 ** These are monies outside the grant process which will help pay for the project (e.g. in-kind, or matching funds from another grantor, foundation, or the agency).

Name of Project _____
 Applicant Agency _____
 Grant Year 2010 _____

Category	Grant Funds	Other Funds	Total Project Costs
TOTAL PERSONNEL (from prior page)			
Consumable Supplies			
Medical/Lab			
Office			
Educational			
Postage			
Travel			
Mileage			
Per diem			
Lodging			
Registration Fees			
Rent			
Utilities			
Contractual Services			
Other Expenditures			
Phone			
Printing/Photo Coping			
TOTAL BUDGET			

Table should be amended as needed to include all applicable program costs.

Attachment A

Agency Non-Contact Reviewer Agreement

I, _____, an authorized representation of
(Name)

_____, agree that the employees,
(Organization name)

Board members, their spouses, and any person negotiating on behalf of the organization is prohibited from contacting any member of the proposal review committee before, during, and after the review process for the sole purpose of discussing our agency's or another agency's application. I understand that such contact will result in the termination of our application and suspension of consideration of our proposal in this funding process.

(Print name)

(Signature)

Attachment B - example

2010 Federal HIV Prevention Scope of Services
Agency Name

Project Staff

- **Intervention – John Smith**
- **Testing – John Smith and Mary Jones**

Intervention

- **Many Men Many Voices(3MV)**

Target Populations

- **MSM**
- **Bisexual Males (non-gay identified men who have sex with men)**

Project Activities for the 2010 grant year only:

- **Complete 3MV EBI with African American MSM - 55 total**
 - John Smith will recruit 80 MSM to participate in 3MV
 - 65% of recruited participants will complete seven 3MV sessions
- **General population will receive HIV Counseling & Testing – 250 total**
 - The 3MV program will provide a community testing event in each of the City of Cleveland's five highest HIV incidence communities.
 - The 3MV program will produce social marketing to support each testing event
 - The 3MV program will provide 5 outreach and presentations for each event leading up to the event date.
- **Target Population HIV Testing. – 250 total**
 - 80 3MV participants will be offered HIV testing and referral for STD screening
 - The 3MV program will offer HIV testing two days each week (Thursday and Friday) for the full grant year.
 - The 3MV program will provide HIV testing at the bathhouse and gay bars on a monthly basis.
- **STD Screening Referrals –500 total**
 - The 3MV program will refer all program participants for STD testing
 - The 3MV program will hold one STD screening event during STD Awareness month.