

HIV PREVENTION SERVICES REQUEST FOR PROPOSALS

AUGUST 2009

Issued By:

**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention and Intervention Section**

Key Dates

Technical Assistance Conference Call	Tuesday September 1, 2009 at 10:00 am	Call-in: 1.877.411.9748 Access Code: 9976664
Last date to submit clarifying questions	Tuesday, September 8, 2009	Must be submitted In writing (mail or fax)
Required submission of Intent to Apply Form	Wednesday, September 9, 2009	Must be submitted in writing (mail or express carrier)
Proposals due by 5:00 p.m.	Wednesday, September 23, 2009	Original + four copies No electronic submission

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Terms that are bolded and italicized are defined in Appendix A: Glossary of key terms

**Michigan Department of Community Health
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HIV/AIDS Prevention and Intervention Section
Request for Proposals
August 2009**

I. INTRODUCTION & BACKGROUND

The HIV/AIDS Prevention & Intervention Section (HAPIS), Division of Health, Wellness and Disease Control (DHWDC), Michigan Department of Community Health (MDCH) is issuing this competitive Request for Proposals (RFP) for HIV Prevention Services to support highly targeted and evidenced-based HIV prevention services. Through this RFP, HAPIS/DHWDC intends to support a portfolio of prevention services that will (1) address health disparities that exist among racial/ethnic and sexual minorities, and (2) have the greatest impact on reducing HIV transmission in the State of Michigan. This will be accomplished by funding programs that serve populations at greatest risk for HIV based both on behaviors and HIV prevalence and on supporting interventions that have a high degree of demonstrated effectiveness and efficiency in preventing the transmission and acquisition of HIV. Because the communities most impacted by HIV/AIDS are also disproportionately affected by sexually transmitted diseases (STDs), hepatitis B (HBV) and hepatitis C (HCV), integration of HIV prevention services with services for the prevention and/or treatment of STD, HBV and HCV is highly desirable and strongly encouraged.

In Michigan it is estimated that 18,200 people are currently infected with HIV. As of July 2009 14,149 Michigan residents were aware of their serostatus and had been reported to the MDCH (Quarterly HIV/AIDS Report, Michigan - July 2009). Prevention of new infections and the identification of the over 4,000 individuals who are HIV-infected and unaware of their status are the primary objectives of this RFP. Epidemiological data, including quarterly HIV/AIDS surveillance reports that may be useful in preparing proposals can be accessed on the MDCH website www.michigan.gov/hivstd. The *Epidemiologic Profile of HIV/AIDS in Michigan*, prepared and updated, biannually, by the MDCH can also be obtained at this URL.

II. AVAILABLE FUNDS

HAPIS/DHWDC expects to award grants totaling approximately \$2.0 million during each year of a 2 year and 8 month project period beginning February 1, 2010 and ending September 30, 2012. Awards are expected to range from \$20,000 to \$300,000.

Initially, eight-month contracts will be issued to agencies that compete successfully under this RFP. Contracts will be renewed annually for 12-month periods throughout the remainder of the project period based on availability of funding, performance, grantee compliance with contractual obligations, and ongoing responsiveness to prevention priorities.

III. ELIGIBLE SERVICES

Proposals will be accepted for two tracks:

- Track I: Primary Prevention Services
Track II: Capacity Development Services

Track I: Primary Prevention Services. Proposals for direct, primary prevention services responsive to community-identified needs and priorities, as identified in the *Michigan 2010-2013 Comprehensive Plan for HIV Prevention*¹ are eligible for support under this RFP. Applicants to this RFP must be responsive to the *Plan* in developing funding proposals. Proposals for Track I will be accepted for ***direct, primary HIV prevention services, only.*** Direct prevention services are interventions provided to communities and individuals who are at increased risk for acquisition/transmission of HIV. Primary prevention services are those that are intended to influence HIV-risk behaviors, thereby reducing the likelihood for transmission/acquisition of HIV. Primary prevention services can target HIV uninfected persons (prevention of acquisition) or HIV infected persons (prevention of transmission).

The following intervention ***formats*** are eligible for support under Track I of this RFP:

1. HIV counseling, testing and referral
2. Individual level prevention counseling (multi-session only)
3. Prevention case management
4. Skills building workshops (single or multi-session)
5. Community level interventions

HAPIS/DHWDC will consider for funding only those interventions that are:

1. Evidence-based (i.e., grounded in social/behavioral theory and/or have been previously evaluated).
2. Culturally, linguistically and developmentally competent.
3. Responsive to identified and documented prevention needs of the target population(s).

Proposals are expected to fully address each criterion above and provide relevant documentation. Preference will be given to interventions that are not information-based, but rather those that impact skills, attitudes, behavioral intentions, norms and behaviors.

Notes about interventions: Successful applicants will be required to implement HIV prevention services in accordance with program standards established by the MDCH as well as state and federal policy and statutes. Standards for HIV prevention interventions are described in “Quality Assurance Standards for HIV Prevention Interventions” (May 2003). The *Standards* are available at www.mihivnews.com, click on “Prevention RFP”.

¹ The Comprehensive Plan for HIV Prevention is available at www.mihivnews.com

Counseling, testing and referral (CTR): Proposals for CTR must specify whether anonymous or confidential testing will be provided and the testing technology to be used. Only agencies currently supported by HAPIS/DHWDC to conduct rapid testing are eligible to propose HIV CTR using rapid HIV test technologies. Please note that HAPIS/DHWDC is examining the feasibility of expanding use of rapid HIV testing in community-based settings. Applicants interested in adopting rapid test technologies in the future should indicate this in their proposal.

Recruitment activities including outreach and informational sessions: Recruitment activities will not be supported as “stand alone” interventions. Eligible intervention formats described above should all have well-developed recruitment plans that may include diverse strategies (e.g., venue-based or electronic outreach, informational sessions, social networks strategies) appropriate to the needs of targeted populations.

Health communications activities Health communications activities will only be supported in conjunction with the intervention formats outlined above and if the activities are demonstrated to be an essential component of intervention delivery. Expenses related to health communications activities are expected to be reasonable and proportionate to the proposed program.

Prevention case management (PCM): Under this RFP, PCM is eligible for support only if proposed services target HIV-infected persons, who have demonstrated need for the services. Examples of demonstrated need might include, but are not limited to, HIV-positive persons who have a history of repeat STD, history of health threat to others, or ongoing substance abuse. Examples of supportive documentation might include, but are not limited to, clinical records (aggregated), case management prevention and substance abuse screenings, local health threat to others cases or referrals. Successful applicants will be required to implement PCM in accordance with program standards and procedures established by the MDCH.

The following activities are **not** eligible for support under this RFP track:

- | | |
|-----------------------------------|--|
| 1. Media campaigns | 10. Treatment adherence |
| 2. Hotlines or clearinghouses | 11. Legal services |
| 3. Syringe exchange programs | 12. Care case management |
| 4. School-based activities (K-12) | 13. Research projects |
| 5. Theatre troupes | 14. Substance abuse treatment |
| 6. Speaker’s bureaus | 15. Substance abuse prevention |
| 7. Conferences | 16. Clinical or medical care |
| 8. Support groups | 17. Psychiatric services |
| 9. Laboratory services | 18. Partner investigation/notification |

Proposals targeting the following populations—listed in order of priority—are eligible for support under this RFP:

1. ***At Risk HIV-infected (HIV+):*** HIV-infected individuals who are at risk of transmitting HIV, or contracting STDs, HCV or HBV as a result of continued unprotected sex and/or sharing of drug use paraphernalia.
2. ***Men who have sex with men (MSM):*** Includes all men having sexual contact with other men, regardless of self-identification. Men who have sex with both men and women (i.e.,

behaviorally bisexual men) and MSM who are also injecting drug users (i.e., MSM/IDU) are included in this category.

3. ***Injecting drug users (IDU)***: Includes persons who inject drugs by needle into a vein, under the skin or into muscle.
4. ***High-risk heterosexuals (HRH)***: Includes sex partners of HIV-infected persons, sex partners of IDUs and female sex partners of MSM. Also includes individuals with diagnosed sexually transmitted diseases, individuals who provide sex for money or drugs, and commercial sex workers.

Applicants are encouraged to segment eligible target populations in terms of race and ethnicity, gender, age and/or other relevant sociodemographic characteristics. Applications that seek to address racial and ethnic populations who are disproportionately impacted by HIV, or who experience a *health disparity* in the area of HIV infection are highly encouraged and will be given priority in funding decisions.

Only proposals that explicitly and specifically target individuals and communities at increased risk for HIV and provide clear and convincing evidence of access to them will be considered for support under this RFP.

Track II: Capacity Development. HAPIS/DHWDC is seeking applicants who can offer services to build the capacity of local prevention partners to implement HIV prevention interventions which are highly targeted, evidence-based, and culturally competent. In addition, HAPIS/DHWDC is seeking applicants who can work with key community partners to increase culturally competent ancillary services and/or reduce stigma for communities and populations highly impacted by HIV. Proposals are solicited in three priority areas:

1. ***Recruitment and Coordination Strategies for Community-Based Prevention Providers.*** May address local providers of HIV, sexually transmitted disease (STD) and viral hepatitis prevention services including program supervisors as well as “front line” workers such as prevention counselors, outreach workers, and health educators. Emphasis should be placed on effective recruitment strategies and techniques as well as methods to ensure access to comprehensive medical and support services relative to the HIV-prevention needs of clients at increased risk for HIV transmission or acquisition.
2. ***HIV Prevention Integration and Service Delivery for Clinical Providers.*** Target audiences include clinical providers broadly defined, such as physicians, nurses, allied health professionals, substance abuse and mental health professionals as well as students of these professions. Emphasis should be placed on culturally competent and effective integration of HIV prevention services, messaging and referral into routine medical and supportive care. Potential approaches could include, but are not limited to, integration of HIV prevention, sexual health and viral hepatitis screening into primary care delivery; provision of HIV prevention services including disclosure support, and/or other prevention counseling in HIV care settings.

3. ***Cultural Competency and Stigma Reduction for Service Providers or other Community Partners.*** Target audiences include the providers described above as well as other community partners such as religious leaders who interact with populations at increased risk for HIV transmission or acquisition. Emphasis should be placed on 1) increasing cultural competence to serve populations at increased behavioral risk for acquisition or transmission of HIV as defined as eligible for primary prevention services and/or 2) reducing stigma as related to HIV particularly among racial/ethnic and/or sexual minorities. Potential approaches could include, but are not limited to, developing cultural competence in serving populations at increased risk for HIV (e.g., MSM or active IDU) in mental health or substance abuse treatment venues; increasing the skills of religious leaders to integrate culturally competent HIV prevention service into their activities and help reduce HIV-related stigma in their communities.

Proposals for capacity development activities must include skills-enhancement activities (e.g., trainings, workshops).

Proposals to provide training or skills-enhancement activities related to HIV CTR or partner services (PS) services are **not** solicited nor are they eligible for support under this RFP. Proposals to provide training or capacity development related to agency infrastructure or organizational effectiveness (e.g., board development, fiscal management) are not solicited nor are they eligible for support under this RFP.

IV. APPLICANT ELIGIBILITY

Eligible applicants include:

1. Community-based organizations (CBOs) and other non-governmental organizations (NGOs)
2. Local Health Departments (LHDs)
3. Federally recognized Indian tribes
4. Hospitals
5. Colleges/universities
6. Federally qualified health centers

Grass roots organizations that are minority based and/or serve primarily minority populations and who have experience in accessing and recruiting for services at risk racial and ethnic minorities are strongly encouraged to apply for funding under this RFP. Organizations may submit proposals either independently or in partnership with established HIV, STD and/or other health/human service providers.

Any CBO or NGO applying under this RFP must have been certified by the Federal Internal Revenue Service (IRS) as a 501(c)(3) organization prior to August 1, 2009. **A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals from CBOs or NGOs which are lacking documentation of tax exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

In awarding funding under this RFP, preference will be given to community-based organizations. Proposals that do not provide clear and convincing evidence of strong community ties and experience in serving the proposed target population(s) will not be selected for awards.

Collaboration with other relevant service providers, groups or organizations is strongly encouraged, particularly as it relates to facilitating integration of services.

Ineligible applicants include:

1. Individuals
2. State-level government agencies
3. For-profit health/human service agencies

Local health departments are not eligible to apply for funding to support HIV counseling, testing and referral (CTR) or partner services (PS), but may apply for other categories of prevention or community-based services.

V. USE OF FUNDS

Funding awarded under this RFP may be used to pay for:

- Project staff salaries and associated payroll taxes and fringe
- Program administration (e.g., accounting, payroll staff)
- Local travel associated with provision of services
- Staff training/skills enhancement (e.g., registration fees, travel, materials purchase)
- Supplies and materials (e.g., educational materials, office supplies, client incentives)
- Communications (e.g., telephone, fax, postage and internet access)
- Purchase, printing or copying of educational and promotional materials
- Rent, utilities, security, maintenance, and necessary insurance

Funding awarded under this RFP may not be used to replace funding for an existing program or services supported with other sources of funds.

Notes about use of funds:

HIV testing costs: For agencies that propose CTR services, HAPIS/DHWDC will provide approved testing devices and will provide for laboratory services, at no additional cost to grantees. These expenses need not be included in proposed budgets. Other supplies and materials associated with HIV testing, (e.g., latex gloves, lancets, alcohol wipes, etc.) will not be provided by HAPIS/DHWDC and should be included in proposed budgets.

Clinical supervision for PCM: For agencies that propose PCM services, applicants are required to provide clinical supervision of prevention case managers. Thus, costs associated with provision of clinical supervision may be reflected in proposed budgets.

Staff training and skills-enhancement: Applicants are expected to request resources sufficient to ensure staff involved in project delivery, including supervisors, have reasonable access to intervention trainings. Some of these intervention trainings are available only at the national level, therefore, airfare, per diem and registration fees should be requested if training at this level

is required for the proposed intervention. Applicants are also expected to request resources to ensure that staff involved in project delivery, including supervisors, have access to and opportunities for ongoing professional education and skills-enhancement. This includes HAPIS-required trainings at an average of one Detroit or Lansing-based training per year.

Administrative costs: Proposed costs related to program administration, supplies and materials, communications, rent, utilities and similar expenses are expected to be reasonable and proportionate to the proposed program.

VI. PROGRAM REQUIREMENTS

A. Program Standards

Agencies awarded funding under this RFP will be required to implement HIV prevention services in accordance with program standards established by MDCH as well as state and federal policy and statutes. Standards for HIV prevention interventions are described in the “*Quality Assurance Standards for HIV Prevention Interventions*”.¹ This document is available at www.mihivnews.com, click on “Prevention RFP”.

B. Start-Up

Agencies awarded funding under this RFP will be expected to have programs fully staffed within three months of receipt of award. Agencies proposing programs that are essentially continuation of current HAPIS-supported programs are expected to have programs fully operational and delivering services within that time frame. For agencies proposing new programs or programs with complex program development activities, the projected start-up phase should be described in detail, including steps and timeline required to have the program fully operational and delivering services. Failure to make reasonable progress in program development may result in revocation or reduction of award.

C. Reporting

Agencies awarded funding under this RFP will be required to submit quarterly narrative reports, according to a format and guidelines established by HAPIS/DHWDC. Successful applicants will also be required to submit statistical data regularly via the “HIV Event System”, a web-based data management system, and must therefore possess adequate technological capacity to utilize this system. Note: lease and purchase of computer equipment is an allowable expense so long as appropriately justified.

In an effort to ensure efficient and timely communication with grantees, HAPIS/DHWDC relies heavily on electronic means of communication. Successful applicants must therefore assure a confidential fax machine and secure e-mail capacity for key staff, including the Executive Director and/or Program Manager.

D. Reimbursement

Grantee agencies are reimbursed on a monthly basis for expenditures incurred. Grantees will be required to prepare and submit monthly financial status reports.

E. Additional Requirements

Grantees must budget to send, at a minimum, the Project Supervisor to a mandatory grantees meeting each year of the project. We anticipate the meeting will be one-day in length. At this meeting, grantees may present their projects, network with other grantees, and receive technical assistance and contract guidance from HAPIS/DHWDC.

VII. FORMAT REQUIREMENTS

A. Proposal Package

A complete proposal package will consist of:

- A. Proposal Cover Sheet (*Appendix D*), which must be signed by Board and Administrative authorized agency representative(s)
- B. Abstract (Maximum of 1 page double spaced)

The abstract should include:

- Name and brief description of the applicant organization;
- Brief description of the target population(s);
- A summary of the proposed interventions/activities; and
- The amount of funding requested.

- C. Table of Contents
- D. Proposal Narrative (for either Track I or Track II)
- E. Budget Forms (*Appendix E*) and Detailed Budget Narrative (*Appendix E*)
- F. Required Attachments
- G. Optional Attachments
- H. Completed Proposal Checklist (*Appendix G*)

Applicants must complete the Proposal Checklist (*Appendix G*) in preparing their proposal package, and order the document according to this guideline. Incomplete proposal packages will be ineligible for review.

B. Formatting/Packaging

1. Sequentially number all pages, including attachments and appendices
2. Include a table of contents and a list of attachments for the entire package submitted
3. Do not staple or bind any of the copies submitted to HAPIS/DHWDC. (Rubber bands or binder clips are acceptable)
4. Use 8 ½" by 11" paper, only
5. Use 12 point font, only. Budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
6. Use 1" margins (top and bottom, left and right)

7. Write on single side of page, only
8. Adhere to page limits for each section of the proposal narrative as indicated in Section VIII. Page limits specified in this RFP refer to single-spaced pages.

Proposals which do not follow these guidelines may not be reviewed and will therefore be ineligible to receive funding.

VIII. PROPOSAL OUTLINE TRACK I: PRIMARY PREVENTION SERVICES

The proposal package should follow the format and outline described under the Format Requirements. In addition, the narrative should respond to the questions outlined below using these headings and subheadings.

PROPOSAL NARRATIVE

Part I: Agency Capacity

1. Agency Description and Qualifications (Maximum two (2) pages total for questions 1.a – 1.c; plus one (1) additional page for each collaborating agency.)

This section is to describe the expertise and experience of the applicant agency in providing the proposed services.

- 1.a. *Agency Mission:* What is the mission of the agency?
- 1.b. *Service Provision History:* What is the agency's history and experience relevant to provision of proposed service? Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- 1.c. *History with Target Population:* What is the agency's history and experience relevant to provision of services to target population(s)? Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- 1.d. *Collaboration (if applicable):* If proposed programming is to be carried out through **collaboration** between two or more agencies, provide a description for each collaborating agency that includes relevant qualifications and capacity, according to the criteria listed above. Collaborative relationships must be supported with specific, detailed and current **Memoranda of Agreement**.

Required Attachments:

- 501(c)(3) certification (if applicable)
- Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity, and gender)
- Organizational chart which clearly identifies position in the organization and reporting relationships relevant to this proposal.

- Most recent independent financial audit or financial statements if audit is unavailable.
- A description of other programs within the agency and sources of support. This attachment should describe: total agency budget, by program. HIV services must be described by type of service. The form provided in Appendix B is to be used to describe other sources of support.
- Memoranda of Agreement (if proposing collaborative programming).

2. **Coordination and Referral** (Maximum three (3) pages)

It is expected that applicants will ensure that clients have access to essential medical and supportive services as well as other relevant prevention services (e.g., STD screening and treatment), either through the direct provision of these services (i.e., through integration with HIV prevention services) or through service coordination and referral. In response to the questions below, please describe how services are provided onsite and/or how they are coordinated with other service providers. In the case of service coordination, specific agencies with which coordination will occur and the nature of coordination are to be described.

2. a. *Programs targeting communities at sexual risk for HIV:* How do you provide (or ensure client referral to) services for the prevention (including education, risk assessment and risk reduction), screening, and treatment of sexually transmitted diseases?
2. b. *Programs targeted to communities at risk through injecting drug use:* How do you provide (or ensure client referral to) services for (1) substance abuse counseling and treatment and (2) viral hepatitis vaccination screening and treatment?
2. c. *Programs targeted to or serving HIV-infected individuals:* How do you provide (or ensure client referral to) services for HIV care and treatment, case management and partner services? For agencies providing services other than CTR to individuals who are HIV-infected, please describe how you coordinate ongoing referral for PS with local health agencies.
2. d. *Other relevant linkages:* What other services does your agency provide directly –or in collaboration – that are relevant to the proposed HIV prevention program?

Note: Applications will be evaluated according to the demonstrated strength of the above integration and referral mechanisms. Agencies able to demonstrate either on-site, integrated service delivery or those who have operationally integrated service delivery and linkages with other sites for relevant services will receive a more favorable evaluation.

Optional Attachments:

- Memoranda of Agreement

3. **Evaluation and Quality Assurance** (Maximum two (2) pages)

This section is to address the strategies that will be used to conduct program evaluation and quality assurance. Please answer the following questions:

- 3.a. *Evaluation and Quality Assurance Plan:* What is your evaluation and quality assurance plan?
- 3.b. *Application of Evaluation Findings:* What kinds of program data do you collect and how do you apply findings from these data to program refinement and redirection?

Note: Successful applicants will be required to submit process data regularly via the “HIV Event System” a web-based data management system.

Optional Attachments:

- Quality assurance protocol
- Client satisfaction surveys
- Locally created evaluation tools utilized for proposed services

Part II. Program Plan (Maximum eight (8) pages **per** population)

READ CAREFULLY

In this document, a program plan refers to the intervention – or set of interventions – that is intended to serve one of the four eligible populations (HIV+, MSM, IDU, HRH) included in the funding proposal. For each population the applicant proposes to serve, the applicant must address the following three sections of the Program Plan: (1) statement of need; (2) proposed intervention(s), and (3) service delivery plan. In addition, the agency must complete budget requirements for each program plan. If the applicant proposes to segment populations according to sociodemographic characteristics such as race and ethnicity and provide interventions targeted to each segmented population, (e.g., different interventions for the sub-populations of African American MSM and white MSM), then a separate Program Plan and budget materials must be included for each sub-population. Your proposal Table of Contents should clearly indicate the page number upon which the Program Plan for each target population begins.

Sample Program Plan Outline:

<u>Target population 1:</u>	African American MSM
Proposed Intervention Model/Format(s):	Model: Many Men, Many Voices Format(s): Multi-session skills building, and CTR
1. Statement of Need	
2. Proposed Intervention(s)	
3. Service Delivery Plan	
<u>Target population 2:</u>	White MSM
Proposed Intervention Model/Format(s):	Model: ACME Home Grown Intervention Format(s): Multi-session skills building workshops, ILPC, CTR
1. Statement of Need	
2. Proposed Intervention(s)	
3. Service Delivery Plan	

about the target population and the unmet needs for HIV prevention services. Appropriate citations for data used in this section must be provided.

1. Statement of Need

- 1.a. *Target population:* What population do you plan to serve? Describe the proposed target population, at minimum, in terms of the populations eligible for support under this RFP (see Eligible Services). Segmentation in terms relevant demographic characteristics, particularly race/ethnicity is strongly encouraged. Description of applicable *situational factors* is also encouraged.
- 1.b. *Burden of HIV disease:* What is the impact of HIV on this population? Describe and document, using epidemiological data, the impact of HIV on the population in the geographic area(s) to be served. If appropriate, describe and document other data relevant to the population and their HIV-related risk. Appropriate citations, which include dates and sources, should be included. If this application addresses a racial/ethnic group who experience a *health disparity* in the area of HIV infection, please provide relevant data to document this disparity.
- 1.c. *Population Prevention Needs:* What are the proposed population's specific HIV-prevention needs that your program will address? Proposals should identify the specific behaviors that put individuals at risk and articulate needs according to the following five categories: knowledge, skills, persuasion, access and supportive norms. Additional description and discussion of these categories of needs is available at www.mihivnews.com, click on "Prevention RFP".

Applicants should provide support for identified HIV prevention needs, preferably through the use of local or agency data. Use of national level data to describe and document needs is not requested and its use is discouraged for the purpose of this RFP. In addition, although applicants may refer to information from the Statewide Epidemiological Profile, Statewide Needs Assessments or Statewide Prevention Plan in this section, it is not necessary to restate this information in detail. Note: these Michigan-specific documents are available at www.mihivnews.com, click on "Prevention RFP".
- 1.d. *Local Needs Assessment Processes:* What methods did you use to assess target population prevention needs and obtain target population input in the development of the proposed program? What processes and data did the agency use to assess these needs? Applicants should describe the specific methods used, including the number of participants included in each methodology.
- 1.e. *Gaps in Service:* What other programs currently address the identified needs of the proposed target population in your community? How does the proposed program address gaps in service or complement existing services?

2. Proposed Intervention(s)

- 2.a. *General Intervention Description:* What HIV prevention intervention(s) do you propose to implement? Describe the specific activities, format, and model that are proposed. For skills building workshops, provide a brief summary of the intervention content and activities. For interventions that have been published and replicated for which curricula are available (e.g., DEBI interventions), describe any adaptations you plan to make to the published curricula/facilitator manual. For unpublished interventions that have been developed by you or another source (i.e., “homegrown” interventions), attach a copy of curriculum or protocol to your proposal. If you do not yet have a developed curriculum or protocol, please describe the process and timeline for development of the curriculum or protocol. MDCH/DHWDC Guidelines for curriculum development are available at www.mihivnews.com, click on “Prevention RFP.”
- 2.b. *Evidence Base:* Describe the evidence base (e.g., behavioral theory, previous evaluation, adaptation of an evaluated intervention with documented effectiveness) of the proposed intervention(s). The amount of detail required for this section varies based on the evidence base of the proposed intervention. See the box below for guidance.

Evidence Base Documentation Requirements

Type 1: Interventions that have been identified as effective by the CDC, including those in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* (including those that are part of the Diffusion of Effective Behavioral Interventions (DEBI) Program (e.g., SISTA, 3MV) or Replicating Effective Programs Plus (REP+)).

Documentation Requirement – Reference the specific citation(s) obtained at www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm
www.effectiveinterventions.org
www.cdc.gov/hiv/topics/prev_prog/rep/index.htm

Type 2: Interventions that have undergone outcome evaluation (with a control or comparison group), with documented behavioral outcomes published in a report or peer reviewed journal (e.g., Prevention Options for Positives, Hot and Healthy)

Documentation Requirement – Reference journal article, or published report.

Type 3: Interventions that are driven by an organization specific Logic Model (i.e., a “homegrown” intervention).

Documentation Requirement – A clear discussion or logic model that describes:

1. Theoretical base for the intervention
2. What it is proven to accomplish in terms of client level outcomes, if evaluated. If not evaluated, describe what it is created to accomplish in terms of client-level data.
3. How does your agency know that it works?

Attach reports, evaluation tools, and/or curriculum to support your case. The requirements above should be discussed in the narrative, attachments should support, not replace the narrative.

- 2.c. *Adaptation:* If adapting interventions that have been published and replicated for which curricula are available (e.g., DEBI interventions), why are you making that adaptation and how have you assessed its appropriateness? Adaptation includes any significant change in content or delivery of the intervention and/or providing the intervention to a target population different (in terms of race/ethnicity, age, geography, or sex) than the population for whom the intervention was originally designed.
- 2.d. *Outcomes:* What are the expected outcomes of the project (e.g., increase knowledge of HIV serostatus, increase intention to use condoms).
- 2.e. *Intervention Matching:* How do the proposed intervention outcomes (described in 2.d. above) match with the identified prevention needs (described in 1.c. above)? If the expected outcomes do not fully align with the identified needs, provide a rationale.
- 2.f. *Acceptability to Target Population:* How have you assessed whether the proposed intervention is acceptable to and appropriate for the target population? Responses should address relevant intervention components such as acceptability and appropriateness of service delivery method (group or individual level), content, facilitator/provider, length, location of services, etc.

3. Service Delivery Plan

- 3.a. *Geographic Service Area:* What are the specific geographical service area(s) to be served, and why was/were the area(s) chosen? If proposing to provide services in more than one *county*, list all counties, and state what percent of services for this target population will be conducted in each county.
- 3.b. *Venues:* What are the specific venues and locations where services will be provided? Provide evidence of support for access to such venues/locations (e.g., Letter of Commitment from a bar owner, Memoranda of Agreement from a substance abuse treatment facility).
- 3.c. *Recruitment:* What strategies will you use to recruit clients into the intervention? Describe how and from where clients will be recruited, including venue-based or electronic outreach, internal or external referrals or other program promotion strategies. If community partners will be instrumental in reaching the target population, their role should be clearly stated, and letters of commitment from these partners should be included as attachments to your proposal.

Note: Recruitment strategies for services for HRH must address the link to the HRH definition (e.g., recruitment of HRH based on STD history, etc). See Glossary for HRH definition.

Note: For questions 3.a. – 3.c. applications will be evaluated according to the level of specificity and supporting evidence used to develop their service delivery plan. Agencies that describe and provide support for specific locations, venues and methods will receive higher scores.

- 3.d. *Client Retention:* For multi-session interventions, describe strategies that will be used to ensure client retention across the intervention cycle. If the applicant has relevant past experience, describe applicant success in retaining clients across multiple sessions.
- 3.e. *Cultural Competence:* What strategies will be used to ensure the cultural, linguistic and developmental competence of interventions and materials?
- 3.f. *Start Up Period:* When do you expect to begin providing services to clients? As stated above, agencies awarded funding under this RFP will be expected to have programs staffed within three months of receipt of award. Programs that are essentially a continuation of current HAPIS-supported programs are expected to have programs fully operational and delivering services within that time frame. If the proposed program is new to your agency or includes complex development activities (e.g., curriculum development or a community identification process), describe the steps and timeline required to have the program fully operational and delivering services to clients.
- 3.g. *Process Objectives:* State one or more specific, measurable process objectives related to providing the proposed services for each of the three years of the project period. The first year of the contract will be an eight-month cycle (February 1, 2010 – September 30, 2010). Objectives for year 1 should indicate when you anticipate service delivery will start; objectives for the second year should be based on twelve months of service delivery. Objectives should specify both the number of “events” proposed as well as the anticipated number of target audience members participating in such “events.” (Guidelines on writing SMART process and outcome objectives are available at www.mihivnews.com, click on “Prevention RFP”).

Required Attachments:

- Staffing Plan. For each staff position associated with the proposed program (regardless of source of funding), provide the title, name, amount of time (FTE), a brief description of responsibilities, qualifications and credentials of the staff who will deliver the intervention(s), and a description of the training that will be required under the grant. If specific staff has not yet been hired, describe the amount of time (FTE) required, qualifications sought, and recruitment plan for the position(s). Lines of supervision (i.e., who each person supervises and by whom they are supervised) must be described. Support of supervisory and administrative staff is allowable provided that such expenditures are reasonable and proportionate to the proposed program.
- List of references and source documents.

Optional Attachments:

- Letters of Commitment
- Memoranda of Agreement
- Curricula or Protocols
- Promotional materials

Part III: Budget Summary, Budget Detail, and Budget Narrative, by Target Population
(No page limit)

Budget Summary. Applicants are to complete one Budget Summary (use Form F-1) that reflects the total agency request for funding , by target population (forms and instructions - *Appendix E*).

Budget Detail. Applicants are to prepare detailed budgets (use Form F-2, “Budget Detail by Target Population”) for **each proposed target population**. Within the budget for each target population, detailed budgets must be developed for each intervention model (e.g., SISTA) proposed, or for each intervention format (e.g., CTR), if there is no specific model name associated with the intervention. Complete one form for each target population. (forms and instructions - *Appendix E*).

Budget Narrative. Applicants are to develop a single budget narrative for the proposal. Provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative. (Instructions for Preparing of Budget Narrative Justifications are found in *Appendix E*).

The budget summary, detail and narrative documents that accompany the proposal should reflect a 12 month period (i.e., an annualized budget). DHWDC will work with successful applicants to pro-rate awards to reflect the initial eight month contract year.

Note: *For your convenience, budget forms F-1 and F-2 are available electronically in Word and Excel formats at www.mihivnews.com, click on “Prevention RFP”.*

IX. PROPOSAL OUTLINE TRACK II: CAPACITY DEVELOPMENT SERVICES

The proposal package should follow the format and outline described under **VII. FORMAT REQUIREMENTS** (above). In addition, the narrative should respond to the questions outlined below using these headings and subheadings.

PROPOSAL NARRATIVE

Part I: Agency Capacity

1. Agency Description and Qualifications. (Maximum two (2) pages total for questions 1.a – 1.c; plus one (1) additional page for each collaborating agency.)

This section is to describe and document the expertise and experience of the agency in providing the proposed capacity development programming.

1.a. *Agency Mission:* What is the mission of the agency?

1.b. *Service Provision History:* What is the agency’s history and experience relevant to

carrying out proposed capacity development activities? Experience and success of such efforts should be supported with quantitative and qualitative data. Letters of Support from potential recipients for capacity development opportunities are encouraged.

1.c. *Organizational Fit:* What is the organizational structure of the agency and how do the proposed capacity development activities “fit” within this structure?

1.d. *Collaboration (if applicable):* If proposed programming is to be carried out through **collaboration** between two or more agencies, the agency description, qualifications and capacity must address each agency, according to the criteria listed above. Collaborative relationships must be supported with specific, detailed and current Memoranda of Agreement.

Required Attachments:

- 501(c)(3) Certification (if applicable)
- Listing of Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity and gender).
- Organizational Chart which clearly identifies position in the organization and reporting relationships relevant to this proposal
- Most recent independent financial audit or financial statements if audit is unavailable
- A description of other programs within the agency and sources of support. This attachment should describe: total agency budget, by program. HIV services must be described by type of service. The form provided in Appendix B is to be used to describe other sources of support.
- Memoranda of Agreement (required if proposing a collaborative program)

Optional Attachments:

- Memoranda of Agreement (optional if the proposed program is coordinated rather than collaborative – see glossary for distinction)
- Letters of Support

2. Coordination and Referral (Maximum three (3) pages)

All capacity development activities supported under this RFP are required to include components/strategies designed to enhance the knowledge, skills and abilities of providers and community partners to facilitate integration and/or coordination and referral with services relevant and appropriate to the needs of target populations. Proposals are to describe the strategies that will be used in this regard. At minimum, capacity development activities must address how they will assist their target audiences in developing strategies to facilitate coordination and referrals responsive to client needs in the following domains:

2.a. Prevention, screening and treatment for sexually transmitted diseases, including the mechanisms by which such coordination will be accomplished, for clients at sexual risk for HIV.

- 2.b. Substance abuse prevention, counseling and treatment and viral hepatitis vaccination, screening and treatment, including the mechanisms by which such coordination will be accomplished, for clients at risk through injecting drug use.
 - 2.c. HIV care/treatment and case management services, including the mechanisms by which such coordination will be accomplished, for HIV-infected individuals.
 - 2.d. Counseling, testing and referral services, including the mechanisms by which such coordination will be accomplished, for all clients.
 - 2.e. Partner services, including the mechanisms by which coordination will be accomplished for, HIV-infected individuals.
- 3. Evaluation and Quality Assurance** (Maximum two (2) pages)

This section is to address the strategies that will be used to conduct program evaluation and quality assurance.

- 3.a. *Quality Assurance:* What methods will you use to assure the quality of your capacity development services?
- 3.b. *Evaluation:* What methods and procedures will you use to evaluate the effectiveness of capacity development activities, pursuant to stated goals and objectives?
- 3.c. *Application of Evaluation Findings:* What kinds of program data do you collect and how do you apply findings from these data to program refinement and redirection?

Note: Successful applicants will be required to submit process data regularly via the “HIV Event System” a web-based data management system.

Optional Attachments:

- Quality assurance protocol
- Client satisfaction surveys
- Locally created evaluation tools utilized for proposed services

Part II. Program Plan (Maximum eight (8) pages **per** target audience)

READ CAREFULLY

For capacity development providers, a program plan refers to the capacity development activities that are intended to serve one of the three target audiences (i.e., HIV prevention providers, clinical providers and other community partners) eligible for capacity development services under this funding mechanism. For each target audience the applicant proposes to serve, the applicant must address the following three sections of the Program Plan: (1) statement of need; (2) proposed capacity development activities, and (3) service delivery plan. In addition, the agency must complete budget requirements for each program plan. Your proposal Table of Contents should clearly indicate the page number upon which the Program Plan for each target audience begins.

Sample Program Plan Outline:

Target audience 1:	HIV, STD and Viral Hepatitis Prevention Providers Format(s): Outreach Worker Training Cultural Competency Training for HIV and STD Program Managers
Target population 2:	Other Community Partners (Religious Leaders) Format(s): Anti-Stigma Training

1. Statement of Need. In this section, applicants are to demonstrate and document the reasons why proposed capacity development services are needed.

- 1.a. *Target Audience:* What audience(s) for capacity development activities do you propose to serve? At minimum, describe the discipline/types of agencies, geographic distribution, type of relevant service provided, and roles/responsibilities relative to HIV prevention.
- 1.b. *Capacity Development Needs:* What are the capacity development needs of proposed target audiences that your program will address? Proposals should articulate needs in terms of knowledge, skills, abilities or attitudes essential to provide high-quality HIV prevention and related services responsive to community identified needs and priorities.

Applicants should provide support for identified capacity development needs, preferably through use of local or agency data. Use of national level data to describe and document needs is not requested and its use is discouraged for the purpose of this RFP. In addition, although applicants may refer to information from the Statewide Epidemiological Profile, Statewide Needs Assessments or Statewide Prevention Plan in this section, it is not necessary to restate this information in detail. Note: these Michigan-specific documents are available at www.mihivnews.com, click on “Prevention RFP”.

- 1.c. *Local Needs Assessment Processes:* What methods, if any, did you use to assess the capacity development needs of the proposed target audience(s)? What mechanisms did you use to obtain the input of target audiences into program development, implementation and refinement of your capacity development services? Applicants should describe the specific methods used, including the number of participants included in each methodology.
- 1.d. *Gaps in Service:* What other programs currently address the identified needs of the target audience in the communities you intend to serve? How do your proposed services address gaps in or complement current capacity development services/opportunities?

2. Proposed Capacity Development Activities: In this section, applicants are to provide a detailed description of proposed activities (e.g. trainings, workshops). A link between proposed services and documented need must be clearly stated and supported.

- 2.a. *General Capacity Development Activities Description:* What capacity development

activities do you propose to implement? Describe the specific activities, format and content for each kind of training you propose to provide.

Note: Capacity development activities must include strategies for facilitating relevant program integration messages into capacity development activities. At minimum, this must include integration of STD prevention messages. Additional relevant domains (e.g., viral hepatitis integration, linkage to HIV care or supportive services) should be integrated into capacity development activities as appropriate.

- 2.b. *Outcomes*: What are the intended outcomes of proposed activities (e.g., increase skills of outreach workers to identify at-risk populations)? Note: successful applicants will be required to develop, in consultation with HAPIS/DHWDC, specific, time-phased and measurable outcome objectives and to participate in outcome monitoring, pursuant to HAPIS/DHWDC guidelines.
- 2.c. *Intervention Matching*: How do the proposed outcomes of the activities (described in 2.b. above) match with the identified capacity development needs (described in 1.b. above)? If the expected outcomes do not fully align with the identified needs, provide a rationale.
- 2.d. *Acceptability to Target Audiences*: How have you assessed whether the proposed capacity development activities are acceptable and appropriate to the target audiences? Responses should address relevant intervention components such as acceptability and appropriateness of delivery modality (e.g., distance learning, small group training), content, facilitator/provider, length and location of service delivery, etc.

3. Service Delivery Plan

- 3.a. *Geographic Service Area*: What are the specific geographic service area(s) to be served, and why was/were the area(s) chosen? If proposing to provide services in more than one *county*, list all counties, and state what percent of services for this target audience will be conducted in each county.
- 3.b. *Recruitment*: What strategies will you use for program promotion and target audience recruitment?

If community or other partners will be instrumental in promoting capacity development activities and/or engaging the target audience, their role(s) should be clearly stated, and letters of commitment from these partners should be included as an attachment to your proposal.

- 3.c. *Cultural Competence*: What strategies will be used to ensure the cultural, linguistic and developmental competence of activities and training/educational materials?
- 3.d. *Start Up Period*: When do you expect to begin providing services to target audiences? Agencies awarded funding under this RFP will be expected to have programs staffed within three months of receipt of award. Programs that are essentially continuation of

current HAPIS-supported programs are expected to have programs fully operational and delivering services within that time frame. Agencies that do not currently conduct capacity development activities may require a limited period of program development before beginning to provide these services. If the proposed program is new to your agency, describe the steps and timeline required to have the program fully operational and delivering services to clients.

- 3.e. *Process Objectives:* State one or more specific, measurable process objectives related to providing the proposed capacity development services for each of the three years of the project period. The first year of the contract will be an eight-month cycle (February 1, 2010 – September 30, 2010). Objectives for year 1 should indicate when you anticipate service delivery will start; objectives for the second year should be based on twelve months of service delivery. Objectives should specify both the number of “events” proposed as well as the anticipated number of target audience members participating in such “events”. (Guidelines on writing SMART process and outcome objectives are available at www.mihivnews.com, click on “Prevention RFP”).

Required Attachments

- *Staffing Plan.* For each staff position associated with the proposed program (regardless of source of support), provide the title, name, percent of effort (i.e., full-time equivalent), a brief description of responsibilities, qualifications and credentials of the staff who will deliver the service(s) and a description of the training/education, if any, that will be required to provide proposed capacity development services. If specific staff has not yet been hired, describe the (FTE) required, qualifications sought, and recruitment plan for the position(s). Lines of supervision (i.e., who each person supervises and by whom they are supervised) must be described. Support of supervisory and administrative staff is allowable provided that such expenditures are reasonable and proportionate to the proposed program. Such staff positions should be detailed on the staffing plan.

Optional Attachments:

- Letters of Commitment
- Memoranda of Agreement
- Curricula or Protocols
- Promotional materials

Part III: Budget Summary, Budget Detail, and Budget Narrative, by Target Audience (No page limit)

Budget Summary. Applicants are to complete one Budget Summary (use Form F-1) that reflects the total agency request for funding, by target audience (forms and instructions - *Appendix E*).

Budget Detail. Applicants are to prepare detailed budgets (use Form F-2, “Budget Detail by Target Population”) for **each proposed target audience**. Within the budget for each target

audience, detailed budgets must be developed for each capacity development type (e.g., recruitment, coordination and collaboration) proposed. Complete one form for each target audience. (forms and instructions - *Appendix E*).

Budget Narrative. Applicants are to develop a single budget narrative for the proposal. Provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative. (Instructions for Preparing of Budget Narrative Justifications are found in *Appendix E*).

The budget summary, detail and narrative documents that accompany the proposal should reflect a 12 month period (i.e., an annualized budget). DHWDC will work with successful applicants to pro-rate awards to reflect the initial eight month contract year.

Note: *For your convenience, budget forms F-1 and F-2 are available electronically in Word and Excel formats at www.mihivnews.com, click on "Prevention RFP".*

X. REVIEW AND EVALUATION OF PROPOSALS

Proposals submitted in response to this RFP will undergo a Technical Review by HAPIS/DHWDC. **Applicants who fail to include all required elements of the proposal package, as described on the Proposal Checklist (Appendix G) will be ineligible to receive funding under this RFP.**

Please note: an original proposal package and each of four (4) copies must include these items in order to be eligible to receive funding under this RFP.

Proposals submitted in response to this RFP will then be reviewed and evaluated by an Objective Review Panel (ORP) comprised of individuals who have expertise and experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and reviewer assignments will be made in light of this information. All proposals will be evaluated and scored by reviewers according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component of the proposal will receive in the review process is described below.

➤	<u>Section I Agency Capacity</u>	
➤	Agency Description and Qualifications	15%
➤	Coordination and Referral	5%
➤	Evaluation and Quality Assurance	10%
➤	<u>Section II Program Plan</u>	
➤	Statement of Need	20%
➤	Proposed Intervention	25%
➤	Service Delivery Plan	25%
➤	<u>Section III: Program Budget</u>	
➤	Budget Forms and Narrative	(not scored)

Proposals scoring below the median of all scored proposals may not be considered for funding. Agencies may be asked to give a brief oral presentation of their proposed program, and answer

additional questions from a Review Panel. Oral presentations are expected to be conducted October 26-28, 2009 (final dates to be determined). A request by MDCH for an agency to present orally should not be considered a guarantee of award, nor does the lack of a request for an oral presentation indicate that an agency will not receive an award. Decisions regarding who is required to present orally is at the discretion of HAPIS/DHWDC.

HAPIS/DHWDC reserves the right to consider criteria in addition to ORP scores in making final decisions regarding programming and award levels. Other criteria which HAPIS/DHWDC may consider include, but are not limited to: resource availability, gaps in services (according to population, intervention or geographic coverage), agency capacity, past performance of the applicant in State contracts (e.g., progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities. HAPIS/DHWDC has final authority for decisions related to allocation of resources made available through this RFP.

If multiple interventions and/or target audiences have been proposed, HAPIS/DHWDC reserves the right to determine the relative proportion of the overall award devoted to specific interventions or target groups.

XI. TECHNICAL ASSISTANCE

HAPIS/DHWDC will convene a technical assistance conference call for prospective applicants. The call will be held on Tuesday, September 1, 2009 at 10:00 am. To ensure that adequate lines are available for callers, interested parties are requested to fax the registration form (*Appendix F*)

Questions submitted in writing by Friday, August 28, 2009, will be addressed on the call. Final questions and requests for clarifications must be submitted in writing by Tuesday, September 8, 2009. HAPIS/DHWDC will prepare written responses to all questions and distribute them to applicants who have submitted a letter of intent. **Questions and requests for clarification of the requirements of this RFP must be submitted in writing and will be accepted via US mail or fax, only.** HAPIS/DHWDC will not respond to questions that have not been submitted in writing and by the specified deadline. Address questions to:

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
(517) 241-5922 (fax)
Attn: HIV Prevention RFP

Please note that applicants are not required to participate in the technical assistance call to apply for funding under this RFP. Agencies that choose to participate in the call are not obligated to submit a proposal.

XII. LETTERS OF INTENT

Applicants **are required** to submit an "Intent to Apply" form (*Appendix C*) by 5:00 p.m. Eastern

Standard Time (EST) on Wednesday, September 9, 2009. Forms received after 5:00 p.m. EST will not be accepted. Forms **MUST** be submitted by US Mail or express carrier (e.g., Fed Ex, UPS etc.). Intent to Apply forms are to be addressed to:

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
Attn: HIV Prevention RFP

Agencies who do not submit an “Intent to Apply” form are **not** eligible to apply; however, there is no penalty for submitting a form and later deciding not to make a full application. Letters of intent are non-binding but will be used by MDCH to adequately prepare for the review of submitted proposals. HAPIS/DHWDC requests that agencies that submit an “Intent to Apply” form but decide not to submit a full application, inform HAPIS/DHWDC of this decision in writing prior to or by the deadline for submission of proposals.

Proposals will not be accepted from agencies that have not submitted an “Intent to Apply” form by the required deadline. Forms submitted by email or fax will not be accepted.

XIII. SUBMISSION OF PROPOSALS

Proposal packages must be RECEIVED by **5:00 p.m. Eastern Standard Time, on Wednesday, September 23, 2009. LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.** No extensions will be granted. Faxed or e-mailed proposals **WILL NOT** be accepted.

Applicants are required to submit the signed original and 4 complete copies of the proposal package. Submit proposals to:

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
Attn: HIV Prevention RFP

If a phone number is required for delivery, utilize (517) 241-5900.

Please note: HAPIS/DHWDC is located to downtown Lansing. Parking and navigation can be challenging, particularly given the current road construction activities. Applicants are highly encouraged to use express carriers (e.g., Fed Ex, UPS etc.) to guarantee on-time delivery of proposals. If applications are submitted via the US Postal Service or express carriers, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If HAPIS/DHWDC receives the submission after closing due to carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, the applicant will be given the opportunity to submit the documentation of the carrier’s guarantee. If the documentation verifies a carrier problem, HAPIS/DHWDC will consider the submission as

having been received by the deadline.

XIV. NOTICE OF AWARD

Notices of Award are expected to be made the week of November 16, 2009.

XV. LIST OF APPENDICES

- A. Glossary of Key Terms
- B. Agency Budget Information Sample and Template
- C. Intent to Apply Form
- D. Proposal Cover Sheet
- E. Budget Summary and Detail by Target Population Forms
- F. Instructions for Preparation of Budget Narrative Justification
- G. Registration Form for September 1st Technical Assistance Conference Call
- H. Proposal Checklist

GLOSSARY OF TERMS

Adaptation: Making any significant change in the content or delivery of an intervention and/or providing the intervention to a target population different (in terms of race/ethnicity, age, geography, sex, etc.) than the population for whom the intervention was originally developed.

At Risk HIV-infected: An HIV-infected individual who is at risk of transmitting HIV, or contracting STDs as a result of continued unprotected sex and/or sharing of injection drug use paraphernalia.

Collaboration: A formal arrangement between two or more agencies for provision of services. Collaboration involves sharing of resources (i.e., staff, funding, materials, etc.) for the provision of service and is supported by a Memorandum of Agreement.

Community Level Interventions: Interventions that seek to change the attitudes, norms, and behaviors of entire communities. These approaches recognize that local values, norms, and behavior patterns have a significant effect on shaping an individual's attitudes and behaviors. Community level interventions may include several components. For example, the MPowerment intervention includes formal & informal outreach, skills building workshops, and small media campaigns.

Coordination: An arrangement between two or more agencies related to provision of a continuum of services to address client needs. Coordination does not involve direct sharing of resources for provision of service.

Counseling, Testing and Referral (CTR): CTR refers to HIV antibody testing and prevention counseling and referral services provided in the context of HIV antibody testing.

Direct Prevention Services: Direct prevention services are those provided to persons who are at increased risk for acquisition or transmission of HIV.

Evaluation: “The process of determining whether programs—or certain aspects of programs—are appropriate, adequate, effective, and efficient.”²

Format: Term used to indicate the general type of service that is provided to the client (e.g. CTR, skills building workshop). Formats eligible for funding under this RFP are listed in Section III *Eligible Services* of this document.

Health Communications: Use of communication strategies to inform and influence individual and community decisions that enhance health. Effective strategies combine theories, frameworks and approaches from behavioral sciences, communication, social marketing and health education.

² CDC/ASPH, Steps to Success in Community-Based HIV/AIDS Prevention: Module 3, 109.

Health Disparity: A gap in relative health status as compared to a predominate population. Often discussed in terms of racial health disparities.

High Risk Heterosexual (HRH): High-risk heterosexuals are those individuals who are at increased risk for becoming infected with HIV by virtue of opposite-gender sexual contact. This includes:

- (a) Female sex partners of MSM;
- (b) Sex partners of injecting drug users;
- (c) Sex partners of HIV+ persons;
- (d) Individuals with an STD;
- (e) Individuals who provide sex for drugs/money;
- (f) Commercial sex worker.

Individual Level Prevention Counseling (ILPC): Health education and risk-reduction counseling provided to one individual at a time. The focus of this intervention is to assess risk reduction needs of clients and assist them in making plans for individual behavior change. This intervention should also assist clients in obtaining access to other prevention services in clinical and community settings (e.g., referrals). ILPC is a distinct and separate intervention from Prevention Case Management.

Informational Sessions. Informational sessions (e.g., AIDS 101, Safer Sex Presentations) are one-time educational presentations covering topics such as: HIV/AIDS, STDs, Substance Use/Abuse, Safer Sex and Viral Hepatitis. Informational Sessions do not include a skills-building component, that is, there is no participant demonstration of skills. Although the staff conducting the informational session may demonstrate a skill (e.g., how to put on a condom), this intervention is not intended to have all participants learn and demonstrate specific skills. This category of interventions uses presentations, lectures, etc. to provide HIV prevention messages or information, recruit clients into more intensive HIV prevention interventions, increase awareness of HIV/AIDS or promote support for HIV/AIDS issues.

Injecting Drug User (IDU): Injecting drug users are individuals who inject drugs by needle directly into a vein, under the skin, or into muscle.

Intervention: An intervention is a specific activity intended to promote or sustain risk reduction in a target population.

Letters of Commitment (LOC): A Letter of Commitment documents a commitment made by one agency or organization to assist another with provision of services. Assistance may include allowing access to populations and/or venues or promotion of activities. The LOC should specify the specific nature of the commitment being made by the submitting agency or organization.

Letter of Support (LOS): A Letter of Support serves as an “endorsement” of a proposed service or activity. The LOS confirms the need and appropriateness of the proposed service and the capacity of the agency submitting the proposal to carry out intended services.

Memorandum of Agreement (MOA): A Memorandum of Agreement documents the nature and scope of **collaboration** between two agencies. The MOA should specify objectives and activities related to the **collaboration**, a staffing plan and a **collaboration** management plan.

Men who have sex with Men (MSM): Men who have sex with men, regardless of self-identification. May include men who self-identify as gay and men who are behaviorally bisexual.

Model: This label identifies the specific curriculum or intervention protocol associated with a particular intervention. Evidenced-based interventions (EBIs) that have been proven effective and are packaged for replication are known by their “Model” name (e.g., *SISTA*, *Many Man Many Voices*, *Popular Opinion Leader*, *Prevention Options for Positives (POP)*). A model may encompass more than one format; for instance POP is a model that includes the formats of multi-session skills building and multi-session individual level prevention counseling.

An agency which has developed, implemented, and evaluated a curriculum-driven intervention (i.e., a “homegrown” intervention) should describe that intervention by a specific “Model” name (e.g., *IMPACT*, a two-session skills building intervention for Injecting Drug Users).

Needs: In the context of HIV prevention, a need refers to a psychosocial or environmental factor which influences an individual’s behavior. Needs are sometimes referred to as determinants of risk.

Outcome Objectives: Outcome objectives are specific statements of the intended effect of an intervention. They are phrased in terms of changes to knowledge, attitudes and behavior.

Outreach: Outreach is a brief intervention conducted one-on-one with individuals at increased risk for HIV, in settings where they socialize or congregate for the primary purpose of recruitment of individuals into HIV prevention and related services.

Prevention Case Management (PCM): Prevention Case Management is an intensive and ongoing individual level intervention targeting clients with multiple, complex problems and risk reduction needs. PCM is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition or transmission. PCM provides intensive individualized prevention counseling, support, and referral services. PCM is a distinct and separate intervention from Individual Level Prevention Counseling.

Primary Prevention Services: Primary prevention services are those that are intended to reduce the risk for acquisition or transmission of HIV. Primary prevention services can target HIV uninfected persons and those of unknown status (prevention of acquisition) or HIV infected persons (prevention of transmission).

Process Objectives: Process objectives focus on the project amount, frequency, duration, and the number of people to be served through a particular intervention.

Program: A program is a related set of HIV prevention interventions serving a particular population.

Quality Assurance: A planned and systematic set of activities designed to ensure that requirements are clearly established, standards and procedures are adhered to, and the work products fulfill requirements or expectations³

Recruitment: The means by which clients are brought into an intervention. Recruitment can be conducted via multiple methods such as outreach (venue- or electronic-based), internal and external referrals, and targeted program promotion efforts delivered independently (e.g., program promotion materials such as flyers) or in conjunction with other activities (e.g., provision of HIV 101 group sessions to promote HIV CTR). Recruitment strategies can be conducted by agency or partner agency staff, volunteers or peers.

Referral: In the context of HIV prevention and counseling, referral is the process through which an individual's immediate needs for care, prevention and supportive services are assessed and prioritized. Clients are provided with assistance (e.g., setting up appointments, providing transportation) in accessing referral services. Referral also includes reasonable follow-up efforts necessary to facilitate initial contact with prevention care and psychosocial services and to solicit clients' feedback on satisfaction with services.

Secondary Prevention Services: Secondary prevention services are those that are intended to delay progression to illness or to promote health. Secondary prevention services are not supported under this RFP.

Situational Factors: Relevant circumstances or issues (e.g., chronic mental illness, homelessness, incarceration) *as applies to a client's current situation* that may influence his or her HIV-related risk.

Skills-Building Workshops. The focus of this intervention is on helping participants develop or enhance specific skills to engage in risk reducing practices and must include client demonstration of skills. The expectation in this intervention is that all participants will participate in skills-building activities and demonstrate attainment of these skills.

³ MDCH/HAPIS. *Quality Assurance of HIV Prevention Counseling: A Toolbox*, section 1.1.

APPENDIX B

**TOTAL AGENCY BUDGET
- SAMPLE -**

Agency: *Acme Prevention Services*

Description of Service	Expected Budget 2010	Source of Revenue	Period of Award
Non HIV Services			
Family planning	450,000	Foundation	Jan 2009 – Dec 2012
Reproductive health	75,000	MDCH	Oct 2008 – Sep 2010
Total Non-HIV Services	525,000		
HIV Services			
HIV CTR to MSM	100,000	CDC (75,000) MAF (25,000)	July 2009 – June 2011 Oct 2008 – Sept 2010
HIV Case Management	400,000	Detroit HD (Part A)	Oct 2009- Sept 2010
Total HIV Services	340,000		
TOTAL AGENCY BUDGET	865,000		

**TOTAL AGENCY BUDGET
- TEMPLATE -**

Agency: _____

Description of Service	Expected Budget 2010	Source of Revenue	Period of Award
Non-HIV Services			
Total Non-HIV Services			
HIV Services			
Total HIV Services			
TOTAL AGENCY BUDGET			

**HIV PREVENTION SERVICES RFP
INTENT TO APPLY FORM**

Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact Person _____ Title _____

Email _____

Type of Agency: (check one, only)

Not-for-profit 501(c)(3) Local Health Department Other _____

The following information is requested to assist in matching reviewers to applications. HAPIS/DHWDC understands that it is preliminary and as such, **it is non-binding.**

Target Population (Risk/Race/Gender)	Proposed Intervention Model(s)	Proposed Intervention Format(s)
<i>SAMPLE:</i> African American MSM	CTR and Many Men, Many Voices	CTR and multi-session skills building

Service area - please identify the primary communities, by county, to be served by your program.

Estimated Funding Request: \$ _____

Signature of Authorized Representative

Date

Please Print Name and Title

**HIV PREVENTION SERVICES RFP
PROPOSAL COVER SHEET**

Agency _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

Contact Person _____

Title _____

Email _____

Type of Agency: (check one, only)

_____ Not-for-profit 501(c)(3) _____ Local Health Department _____ Other _____

Target Population (Risk/Race/Gender)	Proposed Intervention Model(s)	Proposed Intervention Format(s)
<i>SAMPLE:</i> African American MSM	CTR and Many Men, Many Voices	CTR and multi-session skills building

Service area - please identify the primary communities to be served by your program.

Funding Request: \$ _____

Signature, Chairperson, Board of Directors

Date

Typed Name and Title

Signature of Authorized Representative

Date

Please Print Name and Title

Instructions for Preparation of Budget Narrative Justification

The proposal is to be accompanied by a budget and associated budget narrative for a **one year period**. For agencies that compete successfully under this RFP, an eight-month budget will be negotiated. Contracts will then be subject to renewal annually for the remainder of the project period. This appendix details information required in the budget narrative justification. In the budget narrative justification applicants are expected to justify the total cost of the program. You are to provide one narrative, only. This narrative should address costs across all of the population-specific budgets. Allocation of staff, fringe and other items across multiple populations and or models should be described. The budget narrative justification must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

Salaries and Wages (personnel): For each staff position associated with the program, provide their name (if known), title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed program objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed program. The timeline for recruiting for vacant positions should be specified.

Funding obtained under this RFP can be used to support the salaries and associated fringe for staff providing administrative support or program oversight provided that proposed costs are reasonable and proportionate to the program. These costs should be described, as appropriate, under “Salaries/Wages” and “Taxes/Fringe Benefits”.

Taxes and Fringe Benefits: Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).

Travel: Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. International travel cannot be supported with funding awarded under this RFP.

Agencies are required to plan for and budget travel expenses for the following (at a minimum):

- New staff training (i.e., CTR Certification Training, Outreach Certification Training)
- Annual grantees meeting (2 staff)
- Up to four days of mandatory Capacity Development training (minimum 2 staff)

Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Interventions requiring staff training through the CDC DEBI Program may require out of state travel. Applicants should budget for such travel. Information regarding intervention trainings, including the duration of trainings can be obtained at: www.effectiveinterventions.org.

Supplies and Materials: Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed program. Risk reduction supplies and educational materials (e.g., condoms, educational brochures) must be separated from general office supplies (e.g., paper, pens). Client incentives must be described separately. Risk reduction supplies should be reasonable, appropriate to the proposed services and proportionate to the proposed program. General office supplies must be reasonable and proportionate to program.

Equipment costing less than \$5,000 should be described in this category. If purchase of equipment is proposed,

the cost of each piece of equipment must be described. Proposed expenditures for purchase of equipment must be essential and proportionate to the proposed programming.

Notes: 1) HAPIS strongly discourages the use of cash incentives. 2) Needles and syringes cannot be purchased with funding obtained under this RFP.

Contractual: Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. Contracts with *individuals* should be included in the “*Consultant Services*” category.

Equipment: Funding obtained under this RFP **cannot** be used to support the purchase of equipment costing over \$5,000. Costs for equipment costing less than \$5,000 (e.g. facsimile machine, computers) are to be included in the Supplies and Materials category.

Communications: Describe monthly costs associated with the following:

- Telephone and fax
- Internet service
- Teleconferencing
- Postage/mailing

Printing and copying: Describe costs associated with reproduction of educational and promotional materials (pamphlets, posters, etc.). Provide detail regarding the proposed cost per item and the expected number of items to be printed. Do not include copying costs associated with routine office activities.

Overhead and Operational Costs: Include items such as rent, utilities, leases on office equipment, maintenance, security, fiduciary fees and insurance in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or renovation of property are not allowable costs under this RFP.

Consultant Services: Provide the name (if known), scope of service, method of payment (i.e., hourly or by project) and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultants for specified services. Travel and other costs of these consultants are to be included in this category and justified.

Other Expenses - This category includes all other allowable costs not included in above categories.

Indirect Costs - Indirect costs can only be requested by entities with a Federally Approved Indirect Cost Rate Agreement. If indirect costs are requested, documentation of the federally approved indirect rate must be provided with the proposal. No indirect cost rate above 10% will be accepted. Applicants may request either indirect costs or detail these costs under “Salaries and Wages” and “Operational and Overhead”, but not both.

**APPENDIX E
BUDGET SUMMARY PAGE**

Form F-1

Agency Name:

Page 1 of _____

Population/Audience Name (specify)→ BUDGET CATEGORY	Pop 1	Pop 2	Pop 3	Pop 4	Pop 5	TOTAL BUDGET
Salaries & Wages						
Taxes/Fringe						
Travel						
Supplies & Materials						
Contractual Services						
Communications						
Overhead & Operational						
Other						
Total Direct Costs						
Indirect						
TOTAL						

Target Population (specify):						page 2 of
Model or Format Name (specify):						TOTAL
BUDGET CATEGORY						
						0
						0
						0
						0
Sub-total	0	0	0	0	0	0
Taxes/Fringe (___%)						0
Sub-total	0	0	0	0	0	0
Travel						
Local Travel						0
Skills-Enhancement						0
						0
Sub-total	0	0	0	0	0	0
Supplies & Materials						
Risk reduction supplies						0
Educational materials						0
Client incentives						0
Promotional materials						0
General office supplies						0
						0
Sub-total	0	0	0	0	0	0
Contractual Services						
						0
						0
Sub-total	0	0	0	0	0	0
Communications						
Phone & fax						0
Internet services						0
Postage and mailing						0
						0
Sub-total	0	0	0	0	0	0
Overhead & Operational						
Rent/space						0
						0
Sub-total	0	0	0	0	0	0
Consultant Fees						
						0
Sub-total	0	0	0	0	0	0
Other (specify)						
						0
Sub-total	0	0	0	0	0	0
Total Direct Costs	0	0	0	0	0	0
Indirect (___%):						0
Sub-total	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

Registration
HIV Prevention Request for Proposals
Technical Assistance Conference Call
Tuesday, September 1, 2009 at 10:00 am

A Technical Assistance Conference Call will be held to assist prospective applicants to respond to the HIV Prevention Services RFP. To be of greatest benefit, agency representative(s) participating in this call should be individuals with direct responsibility for writing the proposal associated with this RFP.

Call-in Number: 1-877.411.9748
Access Code: 9976664

The call will begin promptly at 10:00 am and adjourn by 12:00. If you want to participate in this call, please complete and return this RSVP.

AGENCY: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Number of different phone lines agency staff will be calling from:

Please fax to:

Debra Robinson
(517) 241-5922 (fax)

Deadline for Registration: Friday, August 28, 2009

PROPOSAL CHECKLIST

REQUIRED ELEMENTS OF THE PROPOSAL PACKAGE

- Proposal Cover Sheet, (Appendix D) completed with appropriate authorizing signatures
- Abstract
- Table of Contents

- Proposal Narrative
 - Part I: Agency Description and Qualifications
 - Part II: Program Plan (per population)
 - Part III: Budget Summary and Detail Forms and Budget Narrative (Appendix E)
 - List of Attachments

- Required attachments
 - A - 501(c)(3) certification (if applicable)
 - B - Board of Directors listing
 - C – Organizational Chart
 - D - Most recent independent financial audit
 - E - Agency Budget Information Form (Appendix B)
 - F - References and Source Documents
 - H – Staffing Plan
 - I - Memoranda of Agreement / Letters of Commitment
 - J - Federal Indirect Rate Agreement (if applicable)

- Completed Checklist (this should be the last page of your completed application)

OPTIONAL ELEMENTS OF THE PROPOSAL PACKAGE

- Additional attachments (optional - may include)
 - Needs assessment documents
 - Sample evaluation tools
 - Promotional materials developed by agency (e.g. brochures)
 - Other

FORMATTING REQUIREMENTS

- Have you followed the required format?
 - All pages are sequentially numbered
 - Narrative has followed page limitations as stated in RFP
 - 8½" x 11" paper is used
 - Margins are 1", all sides
 - The proposal is written on one side of the page only
 - The proposal is not bound or stapled

- Have you prepared the **original and four copies** for submission?