## REQUEST FOR PROPOSAL GUIDELINES AND INSTRUCTIONS

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Proposed Amount *</th>
<th>Contract Period</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community-Based Health Care</td>
<td>$60,000</td>
<td>January 1, 2020-December 31, 2020</td>
<td>Ryan White Treatment Modernization Act, Part A</td>
</tr>
<tr>
<td>Food Services (Boxes/Pantry)</td>
<td>$89,060</td>
<td>March 1, 2020 - February 29, 2021</td>
<td>Ryan White Treatment Modernization Act, Part A</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>$27,000</td>
<td>March 1, 2020 - February 29, 2021</td>
<td>Ryan White Treatment Modernization Act, Part A</td>
</tr>
</tbody>
</table>

Applicants wishing to submit proposals for more than one service category must submit individual proposals for each service category.

* These amounts reflect proposed annual allocations for the Part A 2020-2021 contract period and may decrease or increase depending on the actual federal award received. Applicants receiving awards must be able to modify their budgets and proposed programs should the actual allocation be different than the amount proposed. Final contract amounts will be determined after responses have been reviewed and the federal notice of award has been received.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 10, 2019</td>
<td>3:00pm</td>
<td>Announcement of funding opportunity.</td>
</tr>
<tr>
<td>September 23, 2019</td>
<td>3:00 p.m.</td>
<td>Informal informational meeting for potential applicants held at 597 Center Ave, Suite 200, Martinez CA 94553. A call-in option may be provided upon request.</td>
</tr>
<tr>
<td>October 23, 2019</td>
<td>3:00 p.m.</td>
<td><strong>Proposals Due:</strong> Either 1) an original and three (3) copies of the proposal OR 2) an electronic <strong>PDF version</strong> (only) of the proposal must be received in the HIV/AIDS and STD Program office at 597 Center Avenue, Suite 200, Martinez, CA 94553. Email PDF to <a href="mailto:eva.lodetti@cchealth.org">eva.lodetti@cchealth.org</a> <strong>There will be no exceptions to this deadline.</strong></td>
</tr>
<tr>
<td>November 11, 2019</td>
<td>9:00-12:00 noon</td>
<td>597 Center Ave. Suite 150 Martinez, CA 94553 Date review panel(s) will meet to evaluate proposals and develop funding recommendations.</td>
</tr>
<tr>
<td>November 18, 2019</td>
<td>n/a</td>
<td>Approximate date of announcement of awards and initiation of contract negotiations.</td>
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</tbody>
</table>
General questions about this RFP may be directed to Anjuli Clopper, Deputy Director with the HIV/AIDS and STD Program (925-313-6771), HIV/AIDS and STD Program Office, Contra Costa Health Services Department, 597 Center Avenue, Suite 200, Martinez, CA 94553.

I. DESCRIPTION OF AVAILABLE FUNDING

Federal Health Resources and Services Administration (HRSA) Ryan White Treatment Modernization Act funds are available through the Contra Costa Health Services Department HIV/AIDS and STD Program. Services funded through this RFP are intended to help stabilize clients’ lives, reduce barriers to receiving medical attention, and improve health outcomes. More information on HRSA’s expectations can be found at [http://hab.hrsa.gov](http://hab.hrsa.gov) and additional information on the HOPWA program can be found at [http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing).

The County of Alameda is the Oakland Transitional Grant Area (OTGA) Federal grantee for HRSA Ryan White Part A funds. Contra Costa County is a Part A subrecipient and service provider. Contra Costa contracts with community agencies to provide services throughout Contra Costa County (CC County). Applicants must serve clients throughout CC County. Applicant agencies should outline the geographic distribution of personnel based on projected caseloads, funding, and epidemiologic information. The HIV/AIDS and STD Program may determine that a single agency will receive the full amount of available funding within a service category to provide services throughout the entire county or that an agency’s project for services be provided only within a specific geographic region, such as West or East County. Ongoing funding is contingent on the subcontractor’s successful completion of their objectives and the continued availability of federal funding.

II. QUALIFICATIONS, ELIGIBILITY, AND FUNDING RESTRICTIONS

Eligibility is limited to not-for-profit (as determined by Internal Revenue Service) community-based organizations and hospitals or public agency service providers. Applicants need not be based in Contra Costa County to be eligible; however, agencies must demonstrate their capacity to provide services within CC County to meet the programmatic objectives. Services that are reimbursable through other means such as Medi-Cal or other funding streams **MUST** be billed to those sources first and documentation of denial of service or other ineligibility for service must be on file and available for audit review purposes.

Applicants may not use a fiscal agent and must demonstrate fiscal stability. An agency with unresolved outstanding federal/state tax obligations is **not** eligible to apply for funding. Funds may not be spent on the purchase of or improvement to buildings or office facilities or to make payments to recipients of services. Funds may not be used to provide items or services for which payment has already been made, or can reasonably be expected to be made, by third-party payers, including private insurance, Medi-Cal, Medicare, or other programs. Services are intended for low-income people living with HIV and AIDS (PLWHA) who reside in CC County. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.
Agencies not already under contract with the Contra Costa Health Department HIV/AIDS and STD Program are strongly encouraged to apply and will be given priority so long as their applications meet the requirements laid out in this RFP.

Applicants should specifically address in their proposal how their agency meets qualifications and eligibility requirements and how their proposed program will fit into a continuum of care in Section VIII, numbers 3 and 4.

III. CONTRACTUAL OBLIGATIONS
Award of funds will result in a contract for services after final work plan and budget negotiations with the HIV/AIDS and STD Program. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County contracts. A copy of these conditions is available upon request from the HIV/AIDS and STD Program office. HIV/AIDS and STD Program contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment. Contractors will also need to be registered in the System for Award Management (SAM.GOV) database and provide the agency’s Data Universal Numbering System (DUNS) and Employer Identification Number (EIN).

All contractors are required to:

1. Abide by the legal requirements to maintain the confidentiality of clients.
2. Document HIV status of the clients. Clients must establish their eligibility through medical verification of HIV serostatus to an HIV Medical Case Manager, who must resubmit this proof of HIV status with referrals for services outlined in this RFP. Acceptable proof includes positive HIV and/or AIDS-defining laboratory results, medical records, and physician statements on original letterhead. A viral load lab range and/or a CD4 count (HIV T4 Lymphocyte/T Cell) greater than 200/uL are insufficient by themselves to document HIV status.
3. Document unmet service needs of clients and include this documentation in all service plans (Medical Transportation, Home and Community-Based Care, and Food).
4. Provide culturally and linguistically appropriate services.
5. Document the provision and evaluation of all services, collect and maintain client-level service data, enter and regularly update client demographics and service data into the system database (ARIES) and write progress reports. Progress reports must include advancement in fulfilling contract specifications, trends in service delivery, problems encountered in the provision of services, and applicable fiscal reports. Data reports must be submitted monthly and narrative reports submitted quarterly. Agencies not currently using the ARIES services database will be provided access to ARIES upon notification of award. For more information on ARIES, go to: https://projectaries.org/
6. Work collaboratively with all existing HIV service providers within the HIV network of care and with other providers in other systems of care as applicable to assure coordination and utilization of existing services. Attendance at HIV medical rounds is necessary when a mutually shared client is addressed.
7. Participate in the Contra Costa Consortium by attending quarterly meetings.
8. **Track all related contract expenses** in keeping with generally accepted accounting principles. There are specific requirements for delineation of administrative costs from program costs (see budget documents).

9. **Submit monthly payment demands along with grant expenditure reports and back-up documentation** such as payroll ledgers and major operating cost receipts by the 10th of the following month.

10. Offer services **free of charge to participants** and without regard to past or present health conditions.

11. **Retain all documents** pertaining to this contract for five years from the date of submission of the contractor’s final payment demand or fiscal cost report.

12. Ensure that the goods and services provided by this program will be **available to all qualified persons** regardless of age, sex, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that no grant funds shall be used, in whole or in part, for religious worship or instruction.

### IV. DESCRIPTION OF SERVICES TO BE FUNDED

#### HOME AND COMMUNITY-BASED HEALTH CARE

The objective of Home and Community-Based Health Services is to supply services in the home and prevent the need for hospitalization or entry into a skilled nursing facility while improving the quality of health for functionally impaired individuals with HIV. Home and Community-Based Health Services must be offered in a way that addresses barriers to accessing needed care and uses resources to support clients remaining in their own homes for as long as possible. The provision of Home Health Care is limited to clients who are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Activities provided under Home Health Care must relate to the client’s HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding);
- Preventive and specialty care;
- Wound care;
- Routine diagnostics testing administered in the home;
- Other medical therapies;
- Home health aide services and personal care services in the home;
- Comprehensive assessment and regular reassessment of the client’s service needs;
- Development and ongoing revision of a comprehensive, individualized service plan, initially 30 days after the referral and ongoing every 6 months.

All staff providing Home and Community-Based Health Services must complete an initial training session related to their job description and serving those with HIV. HIV training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention.
- Privacy requirements and HIPAA regulations.
- Navigation of the local system of HIV care, including ADAP.
FOOD SERVICES (Boxes/Pantry)

Food services include the procurement, transport, and provision of fresh food or nutritional supplements to HIV-positive individuals at community locations or in their homes. The goal of food services is to maintain or improve the physical, psychological or social well-being of PLWHA by providing appropriate food and nutrition. Food services are designed to aid PLWHA to live independently by promoting better health outcomes through improved nutrition and access to nutritious foods. Distributions may occur in a pantry setting or community sites with appropriate protocols and procedures for safe food handling and storage.

Agencies supplying food boxes to clients must develop an effective and efficient system for coordinating the distribution of food boxes to clients in the system of care, including coordinated delivery. The nutritional content of the food provided to clients through food boxes will be reviewed by the subcontracted agency to ensure that they satisfy the nutritional requirements in the Oakland TGA HIV Planning Council Food and Nutrition Standards of Care and USDA Food guidelines. The subcontracted agency will also ensure that foods are not expired and that the produce is fresh.

Outcome Indicators for Food Services include:
1. Establish baseline number of clients to be served by the agency.
2. At least 50% of the clients served will be people of color and at least 30% will be female.
3. At least 25% of the clients will complete a satisfaction survey every quarter & 75% of clients surveyed will report having consumed 75% of previous food box contents.
4. At least 90% of the clients referred will have medical visit with an HIV specialist every 6 months.
5. Gradually increase the percentage of clients who access medical care at least twice a year.
6. Increase in the percentage of clients that report expressing that food services contribute a sense of satisfaction in their lives.

MEDICAL TRANSPORTATION SERVICES

Medical Transportation is a centralized and coordinated transportation system that responds to critical transportation needs of HIV-positive individuals so that they can access health care and/or other core and support services. Services are to be provided both routinely and on an emergency basis, as determined by referring providers. This service does not include the provision of vouchers for public transportation, taxicabs, paratransit or gasoline assistance. Medical Transportation is to be provided throughout CC County (West, Central, and East regions) and must be available to transport clients to and from Positive Health clinics and other approved core and support service sites such as housing, vision, psychosocial support groups, substance abuse/mental health, and financial service sites. The subcontracted agency will provide medical transportation services in accordance with Oakland TGA HIV Planning Council Transportation Standards of Care.
Currently, the operating hours for the Positive Health clinics are:

**Contra Costa Regional Medical Center in Martinez**  
Mondays from 8:00 a.m. to 12:00 p.m.  
Thursdays from 1:00 p.m. to 5:00 p.m.

**West County Health Center**  
Mondays from 1:00 p.m. to 5:00 p.m.  
Tuesdays from 1:00 p.m. to 5:00 p.m.

**Pittsburg Health Center**  
Wednesdays from 8:00 a.m. to 12:00 p.m.

**Brentwood Health Center**  
Wednesdays from 1:00 p.m. to 5:00 p.m.

Transportation services must be equally distributed. Clients must be informed of the eligibility guidelines for transportation services and referred by their Medical Case Manager. Provision of this service should be flexible and based on the reported needs of the clients.

Medical transportation must be prompt and dependable. Set schedules must be maintained and appointments for van service must be kept. If problems and/or changes in schedules arise, affected parties must be notified immediately. Current schedules should be maintained, and availability of services should be discussed on a regular basis with clients and system of care providers. A written protocol should be in place to document referrals, scheduled transportation appointments and client notification about schedule changes.

The goals of Medical Transportation services are to:

1. Provide access to HIV medical care and other core and support services appointments for those clients who otherwise would not be able to attend.
2. Encourage clients to maintain HIV medical care through reliable access to care.
3. Increase the number of clients receiving medical care on a regular basis.
4. Improve client health outcomes.

Outcome Indicators for Medical Transportation include:

1. Increase in the number and percent of HIV-positive clients with access to primary care and psychosocial support services.
2. Increase in the number and percent of HIV-positive clients who schedule and keep medical transportation appointments.
3. At least 50% of the clients served will be people of color and at least 30% will be female.

**UNITS OF SERVICE, ALL SERVICES:**

The standard unit of service (UOS) depends on the service category.  
Food Services (Boxes/Pantry): UOS is one box of food
Medical Transportation Services: UOS is one one-way trip
Home and Community-Based Care: UOS is a 15-minute interval of time

Services include all activities that are conducted with or on behalf of the client, i.e. face-to-face and telephone encounters, appointment arrangements, referral follow-up, case conferencing, and meeting with a landlord or other providers, etc. Multiple units of service per client are possible per encounter. The threshold number of units for required services will be described in the scope of work as outlined by the Contra Costa HIV/AIDS and STD Program. Documented units of service must be no less than seventy-five percent (75%) of the employee’s time (one full-time FTE achieves approximately 4,680 units of service per year). The 25% remaining is adequate time for usual employee benefits, including time off and other non-productive time.

SERVICE STANDARDS AND REQUIREMENTS FOR ALL SERVICES
All programs must:
1. Have policies and procedures describing how and with what frequency services are to be provided, including regular face-to-face visits. Medical visits need to be made and kept at least twice per year.
2. Assess participant HIV and financial eligibility for services and conduct client intake and needs assessment.
3. Provide and document services that support individuals with HIV/AIDS to make at least one medical visit each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits and complete lab work (CD4 and Viral Load) at least twice per year (this requirement is satisfied by the HIV/AIDS Program).
4. Provide culturally appropriate and respectful services to all enrolled clients.
5. Provide information, education, support, advocacy and referral services to all clients enrolled as appropriate.
6. Conduct ongoing case conferencing with other providers to ensure efficient and effective coordination of care.
7. Establish a quality management system to assess the impact that program services have on a client’s health. Progress made towards achieving the quality management goals will be used by the agency to improve the planning, provision, documentation and effectiveness of program services.
8. Receive training from Public Health department for staff in HIV issues and standards for service provision.
9. Maintain accurate record-keeping and ensure accountability.
10. Document service provision in ARIES within 48 hours of the receipt of referrals. Regularly document and update client status/records and service provision in ARIES.

Food Services providers must also:
1. Consult with a Registered Dietician when planning for the contents to be included in grocery bags/boxes. Health, religious, ethnic, cultural and regional dietary practices of clients must be considered in food selection. A twice-monthly grocery bag/box must contain a minimum of:
   a. Two units of protein (e.g., meat or meat alternatives, peanut butter, beans, tuna, macaroni and cheese, chili, eggs, etc.);
   b. Three units of grains/breads (e.g., bread, cereal, etc.);
   c. Two units of dairy products (equivalent to one quart of milk, e.g., yogurt, cheese, etc.); the needs of those who are lactose intolerant must also be
addressed;

d. Two different fruits (minimum of five servings, fresh or canned);
e. Three different vegetables (minimum of five servings, fresh or canned);
f. One unit of fat (equivalent to one pound per month, e.g., butter, mayonnaise, oil).

2. All food must be stored and transported following food safety standards for food bank services.

3. Food pantry environments must adhere to safe food storage and handling practices, have a process for distributing food boxes, and a plan for fundraising to support the operation.

4. The funded Food Services programs must meet or exceed the minimum nutrition and safety standards of care developed by the Oakland Transitional Grant Area (TGA).

5. Assess the quality, continuity, and documentation of services designed to increase the number of clients who report maintenance or improvement in nutritional health, improved ideal body weight, and increased life satisfaction.

6. Must have necessary policies and procedures: Posted Grievance Policy, Accounting Policy, Computer Security Policy, Personnel policies and procedures and Personnel file for each employee funded by Ryan White grant.

7. Agency staff must complete annual HIPAA and California Privacy Act trainings and must strictly adhere to these guidelines, including reporting any potential HIPAA breach or incident to the HIV/AIDS and STD Program within 24 hours.

8. Act upon referrals from Medical Case Managers and initiate process of obtaining documents necessary to enroll clients in food services.

**Medical Transportation providers must also:**

1. Provide readily accessible and timely transportation to medical, other core and support service appointments for Contra Costa residents living with HIV/AIDS.

2. Vehicle and drivers must have adequate insurance coverage, and drivers must have a safe driving record, and this must be kept in the employee file for review during the site visit.

3. The vehicle must be one that can be approached, entered, and used by persons with disabilities. If vehicles are not wheelchair accessible, transportation providers must have MOUs in place with other providers to transport wheelchair-bound individuals.

4. Vehicle drivers must comply with city/county safety regulations and state driving rules of the road while operating agency vehicles. Emergency exits, fire extinguishers, other safety equipment, and instructions for safety and passenger conduct must be accessible and clearly visible in the vehicle.

5. All medical transportation staff are to receive orientation and training in program and safety protocols.

6. Assess the quality, continuity, and documentation of services designed to increase the numbers of individuals who 1) report an increase in access to primary care and psychosocial support services, 2) schedule and keep at least one medical transportation appointment, and 3) arrive and depart on time according to the agency’s schedule.

7. Provide supervision to transportation staff which, at a minimum, will include review of confidentiality; process for management of difficult clients in the vehicle; timeliness of service; maintaining vehicle schedule; distributing vehicle service referral to service providers; case conferencing with other providers as necessary; maintenance of vehicles; safety procedures for transportation
services and responding to emergencies; and reviewing service documentation in client files and trip logs to ensure high level of service.

8. Have policies on-site that comply with the following policy documents:
   - Oakland TGA Planning Council Transportation Services Standards of Care.
   - Relevant transportation regulations.

9. Act upon referrals from Medical Case Managers and initiate process of obtaining documents, including consent forms necessary to enroll clients in medical transportation services.

**ELIGIBILITY/SUPERVISION OF PROGRAM PERSONNEL**

All Providers must maintain:

1. Annual certification of tuberculosis clearance on file for all program staff.
2. Staff who are diverse in ethnicity, culture, gender, sexual orientation, and language and have received cultural competency training.
3. Links to community-based organizations targeting the population groups they are serving.
4. Memorandum of Understanding (MOU) or other arrangements for interpretation services that are not provided on-site.
5. Staff with experience in the specific service category being funded.
6. Supervisory staff who are experienced in the relevant service being delivered.

Specifically:

**Food Bank:** No minimum educational or experience requirements are established for food services staff. Staff and volunteers providing services to food service clients will have appropriate supervision which will include: a quarterly review of client records, provision of professional support and assistance to staff and volunteers, and regular review of staff and volunteer activities.

**Medical Transportation:** Drivers must have the appropriate driver’s license for the class of vehicle they are driving, a safe driving record, and insurance as described in the services standards. Supervision of staff should include a quarterly review of the quality of staff interaction with clients, punctuality, and adherence to programmatic and safety protocols.

**Home and Community-Based Care:** Providers may either be a Paraprofessional staff. (Home Health Aides, Attendants, Homemakers), Licensed Vocational Nurse (LVN), Registered Nurse (RN) and hold appropriate and valid California licensure or certification.

- Paraprofessional staff should be experienced in providing the services required and have any certifications required by State regulations (e.g., Home Health Aide Certification issued by the State of California).
  Individual supervision and guidance must be routinely provided to all staff.
- Paraprofessional staff may provide services appropriate for their level of training/education, as part of a care team under the supervision of a licensed or certified clinician.

**TRAINING AND EDUCATION FOR ALL SERVICE STAFF**
All staff should have, at minimum:
1. HIV/AIDS training and education to increase sensitivity of administrative support
   staff and practitioners to the issues of those living with HIV/AIDS;
2. HIV/AIDS prevention and education to enable providers to promote HIV risk
   reduction activities that will halt the spread of the disease; and
3. Cultural competency training to provide appropriate services to the populations
   served.

V. FISCAL MANAGEMENT

The Contra Costa Health Services Department will reimburse the contractor for actual
 costs monthly. This funding must not exceed 60% of the agency’s total annual budget.
 Per federal directive, administrative expenses may not exceed 10% of the award.
 Indirect charges are not allowed in the budget. Agencies with an approved federal
 indirect rate may petition the CC HIV/AIDS and STD Program for a waiver of this
 stipulation, but any allowed indirect charges will be included in the overall 10% cap on
 administration. The agency is responsible for meeting all obligations outlined in the
 contract. All services funded through this RFP process are to be provided free of
 charge to eligible individuals.

Contracted agencies must comply with an annual fiscal audit from the county in addition
to or as part of the annual program site visit.

VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request
to Eva.Lodetti@cchealth.org or by downloading a copy in PDF format from the Contra
Costa Health Services Department website at http://www.cchealth.org/groups/aids. All
submissions are to be submitted electronically and only in Portable Document Format
(PDF). Pages must be submitted in the same order as required in the RFP and
numbered sequentially. Late proposals will not be accepted. Facsimile (fax) copies
will not be accepted. Proposals must be complete when submitted; changes and
additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed seventeen (17)
pages, including the Project Budget and Justification (see “Required Format,” Section
VIII). Supporting documentation is not included in the maximum page count.

Please submit your proposal via email to Eva.Lodetti@cchealth.org, electronically time
stamped no later than 3:00 pm on Wednesday, October 23, 2019 and only in standard
(8 x 11 letter sized) PDF format.

If signature pages and attachments cannot be scanned into the application, they must
be delivered by mail no later than Wednesday, October 23, 2019 by 3:00 pm to:
 Contra Costa Public Health Department
  Attn: Eva Lipke
  597 Center Ave. Suite 200
  Martinez, CA 94553

- Only the attachments identified in Section VIII will be accepted.
• Contents should be in the order outlined here with the pages numbered sequentially throughout the proposal, including the forms and attachments.
• Proposals should be as concise as possible, must be in 12-point Arial font with 1-inch margins on letter sized paper and must not exceed page limitations where specified. Do not assume that the reader knows your agency or program.
• Issuing an RFP does not obligate the HIV/AIDS and STD Program to award a contract to any provider, nor is the HIV/AIDS and STD Program liable for any costs incurred by the organizations in the preparation of proposals. The HIV/AIDS and STD Program retains the right to award parts of the contract to several bidders, to not select any bidders, and/or to re-solicit proposals.

Questions about the requirements and components of the proposals may be directed to Anjuli Clopper, Deputy Director with the HIV/AIDS and STD Program: (925) 313-6730.

VII. REVIEW PROCESS - The review/selection process is comprised of the following steps:

1. Administrative Review: The CC HIV/AIDS and STD Program staff will review all submitted proposals to ensure proposals are complete according to instructions, in compliance with instructions in this RFP, and the agency is eligible to receive federal funding. Proposals not conforming to these basic standards will be considered as not meeting the application deadline. Agencies that filed incomplete proposals will be notified of their ineligibility.

2. Review of Proposed Program: A panel of experienced people, including individuals outside the Public Health Department with experience in the service categories included in this RFP, will evaluate and determine a preliminary score for each proposal based on the guidelines listed in “Review and Award Criteria”. Preliminary scores will be combined to determine a ranking for all proposals. The panel will discuss merits and weaknesses of each proposal and finalize the rankings.

3. County HIV/AIDS and STD Program Review: The CC HIV/AIDS and STD Program will review the recommendations and rationale for funding decisions and will determine the award amount. All final funding decisions will be made by the CC HIV/AIDS and STD Program.

4. Notification of Award: Each agency submitting a proposal will be informed in writing of the funding decision. Final awards are subject to the federal notice of grant award.

5. Appeals: Applicants may appeal the process but may not appeal funding outcomes. Appeals must be submitted in writing to the CC HIV/AIDS and STD Program Director within seven (7) business days of receiving written notification of the funding decision. Appeals must identify what part of the RFP process is being appealed and the reasons for the appeal. The CC HIV/AIDS and STD Program Director will make decisions regarding appeals within five (5) working days of appeal receipt.

VIII. REQUIRED FORMAT

1. Funding Application Cover Sheet (Attachment A) (not counted in page limit)
The Funding Application Cover Sheet contains the applicant’s name, mailing address, telephone and fax numbers and the service category and amount requested. It must be signed by the applicant’s Chief Executive Officer and the President of the applicant’s Board of Directors.
2. **Agency Capability - maximum one (1) page (counted in page limit)**
   a. Provide a brief agency history and description.
   b. Explain the agency’s involvement with its target community.
   c. Describe the direct services currently provided for People Living with HIV/AIDS (PLWHA) or affected others and the length of time these services have been offered by the agency. Describe how the agency links clients to primary care services.
   d. Describe any PLWHA involvement in the agency’s governance and planning of services.
   e. Describe the qualifications of project personnel, including direct service and supervision staff.

3. **Agency Outreach and Collaboration - maximum one (1) page (counted in page limit)**
   a. Describe the ways in which the agency publicizes its services to its target population, including service providers within the system of care, and ensures client access to provided services.
   b. Describe the agency’s experience with collaborative service planning and service coordination with other agencies. Provide concrete examples.
   c. Specify how the agency links clients to other services (e.g., medical case management, medical/social services, transportation, etc.).
   d. Describe the changes, if any, that will be made to existing service delivery to ensure the success of the proposed project.
   e. Describe how providers will assist “hard to serve” clients, including those with mental health or substance abuse issues, homelessness, criminal histories or limited work/income.
   f. Describe how the agency views its role in the community and the Contra Costa system of HIV care.

4. **Target Population and Needs Assessment - maximum two (2) pages (counted in page limit)**
   a. Identify the population you intend to serve, including the geographic community area(s) and the extent of HIV/AIDS in this population.
   b. Describe and compare the demographic, social, and behavioral characteristics of your agency’s target population to the HIV-positive or AIDS-diagnosed population in the region.
   c. Describe the need for services for this population, including major gaps in the provision of HIV/AIDS direct services to this population and geographic area.
   d. Explain your assessment of the service needs of African American and or Latinx men who have sex with men, women (particularly women of color), and individuals identifying injection drug use as their method of HIV transmission in your region. Identify successful strategies used by your agency to reach these populations.
   e. Describe barriers to the provision of HIV/AIDS direct services for this population within the geographic area.
   f. Describe actions taken recently by the agency to address these barriers.

5. **Proposed Project Objectives – maximum two (2) pages (counted in page limit)**
   a. Indicate the proposed project’s objectives. These must be specific, time-phased, measurable, and adhere to the service definitions in this RFP. Refer to the
service category descriptions, especially the service standards and requirements, (Section IV) for guidance in developing your proposed project objectives.

b. Define for each objective the number of clients you will serve and any specific characteristics. Be specific in projected numbers of clients who are African American and or Latinx men who have sex with other men, women (particularly women of color), and injection drug users. Describe how your program will ensure access to services for these populations.

c. Describe your agency’s plan for quality assurance and evaluation: how will your agency evaluate program effectiveness, and how will the results from this evaluation be used to improve the provision of services?

6. Proposed Program - maximum six (6) pages (counted in page limit)

a. For each objective listed above, describe the primary steps, activities and milestones, in chronological order, that are designed to lead to the successful accomplishment of your objectives. Make sure the plan specifies how your activities will support access to primary care and how follow up on referrals to ensure completion will be done. In your response, provide an answer to the “who, what, where, when and why” of the proposed project. Who will manage the proposed project? Who will carry out the program? What will your agency do? Where and when will these activities be conducted? Why did you select this approach?

b. Describe the ways in which these activities and strategies are developmentally appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served. Include in your answer the role of volunteers as well as the involvement of PLWHA in program development, execution and management.

c. Explain how your agency will evaluate the services you provide, the service delivery system, internal monitoring, and progress towards meeting contractual objectives. Include in this explanation a description of how supervision will be provided to direct service staff, and how evaluation will be used to improve services.

d. Describe how the agency will avoid duplication of services. Describe how the agency will maximize the use of other resources where applicable.

7. Proposed Project Budget - maximum one (1) page and Budget Justification - maximum two (2) pages (counted in page limit)

The application must include a line item budget and a budget narrative (see attachments B and C) explaining how each line item will be expended. There is a cap of 10% on all administrative charges. Routine administrative charges may include: Director’s time, agency rent and utilities, phone, general supervision, payroll, audits, maintenance, and other shared program costs. Costs such as mileage to and from clinics or clients’ homes, clinical supervision, gasoline for van, purchase of food, and other similar charges should be assigned as program expenses, not administrative. The project budget should include information on other sources of revenue. Applicants will be required to maintain written documentation, including legible invoices and canceled checks.

8. Quality Assurance Plan - maximum one (1) page (counted in page limit)*

The proposal must include a summary of the agency’s quality assurance plan that demonstrates how the agency will ensure that the services provided will improve clients’ health status. Outcome indicators (including those detailed in Section IV, Description of Services to Be Funded) show direct linkages between
the services provided and access to medical care. The agency will measure progress towards meeting the indicators during the contract period. The quality assurance plan must describe how Continuous Quality Improvement activities will be conducted and how the agency will use the results to improve the provision of services and accuracy of ARIES data collected and entered.

9. **Service Continuity Plan: maximum one (1) page (counted in page limit)**
   The applicant must describe in detail how and with what frequency services will be conducted when a staff vacancy or other disruption occurs within the program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery? Who will provide supervision? How will clients be notified? How will communication with other providers and the HIV/AIDS and STD Program be handled?

   The applicant will also describe the process for agency oversight to ensure timely submission of data and other deliverables, and attendance at required meetings. How will the agency ensure that individuals funded by the HIV/AIDS and STD Program (or other funders listed as grant references) for other activities will not be deployed from those activities to cover new vacancies? What process will be used if the proposed plan must be redesigned due to other unforeseeable events?

10. **Additional Supporting Documentation (not counted in page limit)**
    a. **Tax-exempt status** determination letters from the Internal Revenue Service and/or the State of California.
    b. **Job Descriptions** for any primary positions to be funded under the proposed project. These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
    c. **Resumés or statements of qualifications** of primary staff, consultants, or subcontractors whose positions will be funded under the proposed project as well as any supervisory staff—even if not funded under this grant. If a prospective candidate has been identified, but not yet hired for any position to be funded, include the resumé in the attachments. Resumés should reflect an individual’s current job status. Proposals should not include resumés of individuals not involved in the proposed project.
    d. **Memoranda of Understanding and Letters of Collaboration** may be included but must be project-specific.
    e. **Service Provider Profiles** (Attachments D, E, F and G) report financial information on the agency, including HIV composite and total agency budgets, and provide demographic information on the agency’s Board of Directors, volunteers, program staff, and HIV/AIDS clientele. Self-disclosure of HIV status is voluntary and is not required.
    f. **Past Performance/References** (Attachment H) provides contact information on contracts held with the applicant agency. Those individuals listed will be contacted for an evaluation of the applicant agency’s performance. Applicants are encouraged to list those contracts that are most relevant to the service category for which they are applying. **Applicants may list only one contract held with Contra Costa HIV/AIDS and STD Program.**
    g. **Program Procedural Protocols** (optional): Several service providers have developed service manuals outlining procedures and protocols. This additional
information may provide the independent review panel with a better perspective of an applicant’s program. A maximum of 20 pages is allowable. If your manual exceeds this amount, provide a representative sample with an explanatory cover sheet.

h. **List of Board of Directors** including affiliations and city of residence.

i. **Organization Chart** including the name of staff currently in each position and the FTE of each position.

j. A copy of the agency’s most recent audited financial statement including the auditor’s management letter and all notes.

Additional documentation may be required to complete the contracting process.

IX. REVIEW AND AWARD CRITERIA

Complete applications will be reviewed and evaluated as follows:

1. **Applicant Capability, Outreach and Collaboration - 20 points**
   - Does the applicant describe sufficient relevant experience in the successful provision of services similar to those it proposes to provide? Does the applicant have a history of working with the target population?
   - Does the applicant demonstrate that it has established links with its target community area(s) and population(s) and with other service providers in this community?
   - Are PLWHA serving on the applicant’s Board of Directors or otherwise involved in agency governance? Does the applicant employ PLWHA as paid staff in any positions of authority? Is there a consumer advisory board? If the applicant’s Board of Directors and its staff are not reflective of the target population(s), has the applicant taken substantive steps to increase such representation? Does the makeup of the Board of Directors and/or staff reflect the community being served?
   - Has the applicant identified qualified individuals to carry out the proposed activities? Does the applicant currently employ them, or do they need to be hired?
   - Does the applicant describe reasonable methods to identify new clients and ensure they understand how to access services?
   - Is the referral and coordination process clear?
   - Is the plan to provide services to population(s) clear and consistent with needs of individuals with mental health or substance use issues, homelessness, criminal histories, limited employment/income histories, or other extenuating issues?
   - Has the proposal convincingly demonstrated that the applicant has the administrative and programmatic abilities necessary to successfully administer this program?

2. **Target Population and Needs Assessment - 15 points**
   - Does the applicant adequately describe how the agency will serve the population(s) impacted by HIV/AIDS? Are the specific needs of African American and Latinx men who have sex with other men, women of color, and injection drug users identified?
   - Does the applicant identify the demographic, social, and behavioral characteristics of the target population(s)?
   - Does the applicant adequately describe challenges and methods to overcome
• Does the applicant explain how/why this project is different from other projects serving this community?
• Does the applicant convincingly state the need for this program?

3. Proposed Program - 35 points
• Are the applicant’s objectives and proposed activities appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served? Does the applicant explain why these strategies were selected?
• Does the applicant present a realistic plan to deliver proposed services relevant to the needs of the target population and the specific populations identified in Section IV?
• Are proposed objectives specific, measurable, and time-phased? Does each objective have related activities and evaluation measures?
• Does the applicant explain where/when services will be provided, including site location and hours of service?
• Does the applicant adequately substantiate that it possesses the cultural sensitivity and competency necessary for successful program delivery to the target population(s)?
• Do resumés reflect specific training, prior work, or other evidence of appropriate experience that meet the service standards?
• Is appropriate supervision for service staff described?
• Does the applicant specify how the agency will coordinate with other HIV/AIDS services and general medical/social services to ensure client success in implementing plans and attaining positive health outcomes?
• Has the applicant included a reasonable evaluation component in its program plan, including a description of how findings will be used to improve the program?
• Does the proposed service meet the service standards and requirements outlined in this RFP?
• Does the quality assurance plan adequately describe how the agency will ensure that a high level of service will be provided?
• Does the applicant describe how duplication of services will be avoided and that federal dollars will be used only as “funds of last resort?”
• Overall, will this project be an effective use of Ryan White Part A funds?

4. Financial Information - 10 points
• Is the applicant’s proposed project budget appropriate and reasonable given the services to be provided and stated staffing levels?
• Does the requested budget amount reflect the total cost of the proposed project? If not, does the applicant identify other resources that will support this program?
• Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
• Does the applicant’s project appear to be cost effective?
• Is the annualized program budget less than 60% of the agency’s total annual budget?
• Are the Administrative Expenses at 10% or less of the total budget?
• Were there any financial audit findings?
5. **Service Continuity - 20 points**

- Does the applicant have a plan in place that describes how the agency will provide services to clients during any period when the funded position is vacant?
- Does the plan adequately describe how the applicant will ensure that clients and system of care providers will be notified of a change in staffing and that no clients fall through the cracks?
- Does the plan adequately address how the applicant will meet contract deliverables without using staff funded for other services?
- Does the plan describe how other system of care service providers will be notified about how referrals are to be made to the applicant during this vacancy?

*Applicants are encouraged to use the questions listed above to guide, in part, the content of their proposal. Keep in mind that reviewers may not be aware of your proposed program or your agency’s experience in Contra Costa County.*

**NOTE:** ALL FORMS (ATTACHMENTS A - H) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT’S OWN COMPUTER IF DESIRED
CONTRA COSTA HEALTH SERVICES DEPARTMENT  
PUBLIC HEALTH DIVISION  
HIV/AIDS and STD PROGRAM

FUNDING APPLICATION COVER SHEET  
(Use one sheet for each service category proposal)

Service Category:  
___ Home and Community-Based Care  
___ Medical Transportation  
___ Food Services (Food Boxes/Pantry)

Amount Requested: $________________________

Targeted Region(s) (Circle as many as appropriate):

<table>
<thead>
<tr>
<th>West County</th>
<th>Central County</th>
<th>East County</th>
<th>Entire County</th>
</tr>
</thead>
</table>

Agency Name: _____________________________________________________________

Address: __________________________________________________________________

City: _____________________________ State: ________ Zip Code: ________

Telephone: ___________________________ FAX: _____________________________

Agency Website: ___________________________________________________________

Project Director: __________________________________________________________

Telephone Number of Project Director: ______________________ email:_________________

Program Site Address(es): ___________________________________________________

(If different than address above)

Program Operating Days/Hours: _______________________________________________

Are services provided on-site, off-site or both? ________________________________

Applicant’s Chief Executive Officer  
Name: ___________________________ (Type or print)  
Signature: ___________________________

President, Applicant’s Board of Directors  
Name: ___________________________ (Type or print)  
Signature: ___________________________
USE THIS FORMAT WHEN COMPLETING THE PROPOSED BUDGET

Agency Name
March 1, 2020- February 28, 2021
Name of Service

PERSONNEL

<table>
<thead>
<tr>
<th>annual rate of pay</th>
<th>Percent</th>
<th>Number of Months</th>
<th>Program Cost</th>
<th>Admin Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>position 1</td>
<td>$xxx</td>
<td>xx%</td>
<td>12</td>
<td>$aa</td>
<td>$bb</td>
</tr>
<tr>
<td>position 2</td>
<td>$xxx</td>
<td>xx%</td>
<td>12</td>
<td>$aa</td>
<td>$bb</td>
</tr>
<tr>
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<td>$xxx</td>
<td>xx%</td>
<td>12</td>
<td>$bb</td>
<td>$bb</td>
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<td>$x,xxx</td>
<td>$x,xxx</td>
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<tr>
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<td>$xx</td>
<td>$xx</td>
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<tr>
<td>Total salaries and Benefits</td>
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<td>$x,xxx</td>
<td>$x,xxx</td>
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OPERATING

describe discrete categories of expenses

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<th>Mileage Reimbursement</th>
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<td>Supplies</td>
<td>$</td>
<td>$xx</td>
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<tr>
<td>Telephone</td>
<td>$</td>
<td>$xx</td>
</tr>
<tr>
<td>Occupancy</td>
<td>0</td>
<td>$xx</td>
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<tr>
<td>Total Operating</td>
<td>$x,xxx</td>
<td>$x,xxx</td>
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</table>

OTHER EXPENSES

List other charges not related to Personnel or Operating expenses

<table>
<thead>
<tr>
<th>agency audit</th>
<th>$ -</th>
<th>$xx</th>
<th>$xx</th>
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</thead>
<tbody>
<tr>
<td>Total Other</td>
<td>$x,xxx</td>
<td>$x,xxx</td>
<td>$x,xxx</td>
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</table>

TOTAL REQUEST

| $x,xxx | $x,xxx | $x,xxx |

Charges in the administration column may not exceed 10% of the budget.

Administrative charges may include shared agency costs not assigned to a specific program such as payroll, accounting, maintenance, insurance, utilities, etc. Admin. time for personnel includes general staff meetings, general supervision, etc., not related to client services. DO NOT use an indirect line for administration charges.
PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)

Agency Name
Dates of Services
Name of Services

1. PERSONNEL

B. Salaries

Housing Advocates (One 1.0 FTE, 12 months) $xx,xxx
The HIV/AIDS housing advocate is responsible for providing housing-related services in order to facilitate client acquisition or maintenance of permanent housing. The housing advocate's duties may include helping clients complete housing and financial assistance applications, landlord negotiations, educating clients about tenant rights and responsibilities, developing information on housing resources such as a list of affordable and available rental units, etc.

B. Supervisor (0.1 FTE, 12 months) $xx,xxx
The supervisor is a qualified professional who has extensive knowledge of and experience with housing advocacy. This person reviews client records regularly, provides professional support and assistance to the housing advocate, and generally oversees housing advocate activities

C. Fringe Benefits and Taxes $xx,xxx
A rate of xx% for benefits and payroll taxes, which includes FICA, medical insurance and disability insurance, has been applied to total salaries.

2. OPERATING EXPENSES $x,xxx

Program: Mileage reimbursement for housing searches and client assessments calculated at 100 miles/mo x $0.xx /mile x 2 FTE

Administrative: Office Supplies are estimated at $xx/month x 12 months x 2 staff

Administrative: Telephone charges for 3 staff estimated at $xx /month x 12 months x 3 staff

Administrative: Occupancy is $x.xx per sq ft x y feet

3. OTHER EXPENSES $x,xxx

Administrative: Other Expenses include annual agency audit estimated at $xxxx
SERVICE PROVIDER PROFILE

AGENCY NAME: ____________________________________________________________

ADDRESS: ______________________________________________________________

CITY: __________________________ STATE: _________ ZIP CODE: _____________

PHONE NUMBER: ___________________ FAX NUMBER: ______________________

COMMUNITY AREAS SERVED BY HIV/AIDS and STD PROGRAM:
________________________________________________________________________

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): __________________________

DUNS NUMBER: __________________________________________________________

SAM REGISTRATION STATUS: ______________________________________________

FISCAL YEAR 2018-2019

TOTAL FISCAL YEAR 2018-2019 AGENCY REVENUE (ACTUAL): _____________

TOTAL FISCAL YEAR (FY) 2018-2019 AGENCY EXPENSE (ACTUAL): ___________

SURPLUS/DEFICIT: ______________

TOTAL FY 2018-19 HIV/AIDS and STD PROGRAM EXPENSE (ACTUAL): __________

(This amount should not be equal to the total 2018-19 agency expense)

Explain how deficit was resolved or how surplus was expended, whichever situation is applicable:
________________________________________________________________________

________________________________________________________________________
Select the fiscal year most appropriate to your agency.

**Personnel:** Include all salaries to be paid in whole or in part with each fund. **Fringe:** Provide aggregate amount of fringe benefits. **Travel:** Include airfare, ground transportation, lodging, per diem (not mileage). **Equipment:** Include both purchases and leases. Cost sharing must be applied. **Supplies:** All supplies to be purchased, including computer software. **Other:** All other direct costs not included above. (e.g., rent, printing, phone, postage, utilities, advertising, training, interpreter fees, insurance, equipment maintenance. **Contractual:** Funds to be used for services to clients, and/or administration/program support, including consultants or contractors). **Indirect Costs:** Use only if your agency has a federally approved indirect cost rate. This is included in the overall cap of 10% for administration.

### Summary of HIV/AIDS-Related Funding Sources for FY 2019-2020

<table>
<thead>
<tr>
<th>FUNDING SOURCE:</th>
<th>Ryan White Part A</th>
<th>Other Ryan White (specify):</th>
<th>Other Ryan White (specify):</th>
<th>HOPWA</th>
<th>City and/or State Grants</th>
<th>General Op. or Private Funds</th>
<th>Other</th>
<th>TOTAL (of row)</th>
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<td>Personnel</td>
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### Summary of HIV/AIDS-Related Funding Sources for FY 2020-2021 (projected)

<table>
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<th>FUNDING SOURCE:</th>
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<th>Other Ryan White (specify):</th>
<th>Other Ryan White (specify):</th>
<th>HOPWA</th>
<th>City and/or State Grants</th>
<th>General Op. or Private Funds</th>
<th>Other</th>
<th>TOTAL (of row)</th>
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<tr>
<td>Personnel</td>
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</table>
**AGENCY’S CURRENT YEAR TOTAL OPERATING BUDGET (SAMPLE)**

*Agency Name*

Time Period (select the fiscal year most appropriate to your agency)

### EXPECTED REVENUE:

<table>
<thead>
<tr>
<th></th>
<th>Service Area 1 (i.e. Housing)</th>
<th>Service Area 2 (i.e. Education)</th>
<th>Service Area 3 (i.e. HIV Services)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Funds:</td>
<td>$ xx,xxx</td>
<td>$ xx,xxx</td>
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<tr>
<td>CDBG:</td>
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<tr>
<td>Ryan White (Part A):</td>
<td>$ xx,xxx</td>
<td>$ x,xxx</td>
<td>$ xx,xxx</td>
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<tr>
<td>City of XXX:</td>
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<td>$ x,xxx</td>
<td>$ xx,xxx</td>
<td>$ xx,xxx</td>
</tr>
<tr>
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<tr>
<td>Contributions:</td>
<td>$ xx,xxx</td>
<td></td>
<td>$ x,xxx</td>
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</tr>
<tr>
<td>Fee for Services:</td>
<td>$ x,xxx</td>
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<td>$ x,xxx</td>
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<tr>
<td>Special Event Revenue:</td>
<td>$ x,xxx</td>
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<td>$ x,xxx</td>
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</table>

**TOTAL REVENUE:**

|                      | $ xx,xxx                      | $ xx,xxx                        | $xxx,xxx                           | $xxx,xxx |

### EXPECTED EXPENSES:

<table>
<thead>
<tr>
<th></th>
<th>Salaries: $ xx,xxx</th>
<th>Fringe Benefits: $ x,xxx</th>
<th>Occupancy/Rental: $ x,xxx</th>
<th>Supplies: $ xx,xxx</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$ xx,xxx</td>
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</tbody>
</table>

**TOTAL EXPENSES:**

|                      | $ xx,xxx                      | $ xx,xxx                        | $xxx,xxx                           | $xxx,xxx |

****Share of Federally Approved Indirect Costs: $ xx,xxx $ xx,xxx $ xx,xxx $xxx,xxx

**TOTAL EXPENSES INCLUDING DIRECT COSTS:**

|                      | $xxx,xxx                      | $xxx,xxx                        | $xxx,xxx                           | $xxx,xxx |

****NOTE: Agency must have an approved (federal) indirect rate to complete this information. Indirect funding is considered part of an overall cap of 10% on administration in these grant awards.
Please complete this agency profile for the total agency (all programs) and then for HIV/AIDS direct services only.

<table>
<thead>
<tr>
<th>TOTAL AGENCY</th>
<th>HIV/AIDS DIRECT SERVICES</th>
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</thead>
<tbody>
<tr>
<td>BOARD OF DIRECTORS</td>
<td>STAFF</td>
</tr>
<tr>
<td>#</td>
<td>%</td>
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</tbody>
</table>

**African American**

**Hispanic or Latinx**

**Asian or Pacific Islander**

**TOTAL MINORITY**

**TOTAL WHITE**

**TOTAL WOMEN**

**TOTAL MEN**

**LGBTQ**

*Self-disclosure of HIV status is voluntary and is not required.*

Please indicate whether or not your organization classifies itself as a “minority” organization: YES _____ NO ______

(A “minority” organization is one in which at least 51% of the board of directors and of the staff are persons of color.)

If your Board of Directors and/or staff are not reflective of the agency’s client population, briefly explain why and any steps taken to rectify this situation.
**PAST PERFORMANCE/REFERENCES**

AGENCY NAME: ________________________________

COMPLETE THE TABLE BELOW FOR UP TO FIVE (5) PREVIOUS (NOT CURRENT) CONTRACTS YOU CONSIDER PERTINENT TO THIS PROPOSAL. YOU MAY LIST ONLY ONE CONTRACT HELD WITH THE CONTRA COSTA HIV/AIDS and STD PROGRAM.

<table>
<thead>
<tr>
<th>Contract Title</th>
<th>Grantor or Funder</th>
<th>Contract Period</th>
<th># Of Clients Expected to Be Served</th>
<th># Of Clients Served</th>
<th>Program Monitor and Phone Number</th>
</tr>
</thead>
<tbody>
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