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>HIV Prevention, including PrEP education, PrEP-AP navigation, and linkage to HIV testing.</td>
<td>$16,000 per year for three years.</td>
<td>January 1, 2020 - December 31, 2022</td>
<td>California State Office of AIDS, CDC pass-through funds.</td>
</tr>
</tbody>
</table>

*This amount reflects a proposed allocation for FY 2020 and may decrease or increase depending on the actual award received from the State. We anticipate funding one contract with this amount. Applicants receiving funds must be able to modify their budgets and proposed programs should the actual allocation be different than the amount proposed.

INTRODUCTION

The Contra Costa Public Health HIV/AIDS and STD Program is releasing a Request for Proposals (RFP) to fund Pre-Exposure Prophylaxis (PrEP) education, PrEP-Assistance Program (PrEP-AP) navigation, and linkage to HIV testing focusing on the following priority populations: men who have sex with men (MSM), particularly those that identify as African American, Latino, and/or ages 20-29.

PrEP is a daily HIV prevention medication for people who are HIV-negative and engage in high-risk behaviors. The pill (brand name Truvada) contains tenofovir and emtricitabine, two medicines, used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. The Centers for Disease Control and Prevention (CDC) states that when taken daily, PrEP is highly effective for preventing HIV. Studies have shown that PrEP reduces the risk of contracting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily. PrEP is much less effective if it is not taken consistently.1 Subcontractor(s) will be funded to provide individual and/or group education on PrEP basics, including risk assessment, effectiveness, adherence, potential side effects, cost, and regimen.

1 Source: CDC website [https://www.cdc.gov/hiv/](https://www.cdc.gov/hiv/)
PrEP-AP provides assistance with PrEP-related out-of-pocket medical costs and access to medications on the PrEP-AP formulary for the prevention of HIV and treatment of sexually transmitted infections. PrEP-AP provides assistance to both uninsured and insured individuals at risk for, but not infected with HIV. Subcontractor(s) will link of members of the priority populations listed above to the Contra Costa HIV/AIDS and STD Program, which facilitates enrollment into PrEP-AP.

According to the CDC, an estimated 1.1 million people in the United States have HIV, including about 162,500 people who are unaware of their status. Nearly 40% of new HIV infections are transmitted by people who do not know they have the virus. For people with undiagnosed HIV, testing is the first step toward maintaining a healthy life and reducing the spread of HIV. In Contra Costa County, there are an estimated 300 individuals who are living with HIV and unaware of their status. Subcontractor(s) will provide linkage to testing activities to connect members of the priority populations to the Contra Costa HIV/AIDS and STD Program which provides the rapid HIV testing services.

RFP TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/17/2019</td>
<td>N/A</td>
<td>Announcement of funding opportunity</td>
</tr>
<tr>
<td>9/26/2019</td>
<td>1-2 pm</td>
<td>Informational meeting for potential applicants: 597 Center Ave, Suite 200, Martinez, CA 94556 (925) 313-6771</td>
</tr>
<tr>
<td>10/14/2019</td>
<td>5:00 pm</td>
<td>An electronic PDF version of the proposal must be emailed to <a href="mailto:eva.lodetti@cchealth.org">eva.lodetti@cchealth.org</a>. There will be no exceptions to this deadline.</td>
</tr>
<tr>
<td>11/1/2019</td>
<td>N/A</td>
<td>Approximate date of announcement of award and initiation of contract negotiations</td>
</tr>
</tbody>
</table>

General questions about this RFP may be directed to:

Obiel Leyva, Community Education and Testing Manager
HIV/AIDS and STD Program Office,
597 Center Avenue, Suite 255
Martinez, CA 94553
(925) 313-6117

2 Source: CDC website https://www.cdc.gov/hiv/
I. DESCRIPTION OF AVAILABLE FUNDING

State Office of AIDS (OA) prevention funds are available through the Contra Costa Health Department HIV/AIDS and STD Program. Services funded through this RFP must include PrEP education and referral to HIV testing focusing on men who have sex with men (MSM), particularly African American and Latino and/or ages 20-29. Applicants should provide services in all three regions of the county, West, Central, and East. If an applicant wishes to focus on one or two regions, they must use current epidemiology data to state their case. Ongoing funding is contingent on successful completion of the contractor’s objectives and continued availability of funding.

II. QUALIFICATIONS, ELIGIBILITY AND FUNDING RESTRICTIONS

Eligibility is limited to not-for-profit (as determined by the 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 sufficient capacity to provide services within Contra Costa County to meet the programmatic objectives. Applicants for funding should have experience in implementing educational interventions with MSM, communities of color, partners of HIV-positive individuals, and other high-risk populations. Funded agencies may be required to complete additional training by the California STD/HIV Prevention Training Center and other local agencies.

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. Funds may not be used to support needle exchange activities. Services are intended for Contra Costa residents. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.

III. CONTRACTUAL OBLIGATIONS

Award of funds will result in a contract for services after final negotiations regarding work plan and budget. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County cost reimbursement contracts. A copy of these conditions is available upon request from the HIV/AIDS and STD Program office. Contracted agencies are also required to submit financial backup documentation with their invoices for payment. 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. Adhere to legal requirements to maintain the confidentiality of clients.
2. Provide multiculturally and linguistically appropriate services for the specific culture and/or region where services are being provided.
3. Ensure that services are directed to the priority populations.
4. Document the provision and evaluation of all services 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.
5. Work collaboratively with all existing HIV and STD service providers to ensure coordination and utilization of existing services for consumers transitioning between programs.
6. Participate in local planning activities, including local HIV/AIDS Consortium activities.
7. 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).
8. Submit monthly payment demands along with expenditure reports and back-up documentation such as payroll ledgers and major operating cost receipts no later than 10 days from the end of the month in which the contract services were rendered.
9. Offer services free of charge to participants and without regard to past or present health condition(s).
10. Retain all documents pertaining to this contract for five years from the date of submission of contractor’s final payment demand or fiscal cost report.
11. Ensure that the goods and services provided by this program will be available to all qualified persons regardless of age, gender identity, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that none shall be used, in whole or in part, for religious worship or instruction.

IV. DESCRIPTION OF SERVICES TO BE FUNDED

The California prevention program is a two-tiered system of prioritized activities aligned with both the National HIV/AIDS Strategy (NHAS) and the CDC’s latest approaches to HIV prevention. The current strategy emphasizes identifying individuals unaware of their HIV-positive status and on HIV care and treatment as an effective prevention strategy. The tiers represent State priorities in HIV prevention and correspond closely to the required and recommended services identified by the
Contra Costa County’s HIV prevention goal is to decrease new HIV infections among persons at highest risk for acquiring or transmitting HIV by delivering targeted, sustained, and evidence-based HIV prevention interventions. Our county-wide priority populations include: MSM and their sexual partners, MSM who identify as African American and/or Latino ages 20-29, partners of HIV+ individuals, and injection drug users. The priority population for this RFP is MSM, particularly African Americans and Latinos who are 20-29 years old.

V. 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.
2. Provide culturally appropriate, client-centered, and respectful services to all individuals served.
3. Provide risk reduction education, referrals and support as indicated by the intervention.
4. Develop and implement outreach strategies to reach priority populations.
5. Annually train staff on HIV and PrEP basics and standards for service provision.
6. Maintain accurate record-keeping and ensure accountability.
7. Employ staff with experience and qualifications in the specific service being funded.
8. Have policies indicating illegal drug use is not tolerated on site.
9. Have a secure location for client files with locking mechanisms to protect Protected Health Information (PHI).

In addition, ALL agencies must ensure the following:

1. Compliance with Fire Regulations, Health and Safety Regulations, Building Codes, and Zoning Regulations: Buildings in which services are provided must be in compliance with city and county fire regulations, health and safety regulations, building codes, and zoning regulations. Emergency exits, smoke detectors, etc., must be clearly visible.
2. Compliance with Requirements for Accessibility for Persons with Disabilities: The term “accessibility” means that service provider offices can be approached, entered, and used by persons with disabilities, including but not limited to those using wheelchairs or walkers, and those with sight impairments. The following codes and acts specify requirements related to accessibility:
   a. Americans with Disabilities Act (“ADA”), 42 United States Code (“USC”): Title II applies to residential dwellings; Title III applies to hotels providing

CDC PS18-1802 grant. More on the State program direction and goals can be found at: https://www.cdph.ca.gov/Programs/CID/DOA/pages/oamain.aspx
nonresidential accommodations (Path of travel for residents must be accessible).
b. Fair Housing Act (“FHA”), 42 USC: Applies to new residential dwellings except certain single family or small owner-occupied dwellings. (5% of the units plus all common space must be accessible).
c. Section 504 of the Rehabilitation Act of 1973, 42 USC: Applies to all programs & activities receiving federal funds.
d. Architectural Barriers Act, 42 USC: Applies to most new buildings built with federal assistance.
e. State Building Code, Title 22 of CA Code of Regs: Applies accessibility standards to public buildings, public accommodations and publicly funded rental housing.

VI. FISCAL MANAGEMENT

The Contra Costa Health Services Department will reimburse the contractor for actual costs on a monthly basis. This funding must not exceed 60% of the agency’s total annual budget. The program budget may include appropriate operating expenses such as:

- Rent
- Telephone and cell phone
- Information Technology, Electronic Devices
- General Office Supplies
- Equipment rental(s)
- Travel/mileage
- Conferences
- Trainings

The program budget may also include administrative expenses; however, they may not exceed 10% of the award. Routine administrative charges may include: Director’s time, agency rent and utilities, phone, general supervision, payroll, audits, maintenance, and other shared program costs.

Unallowable costs include:

- The purchase of a vehicle.
- Purchases for improvements, construction, or making significant changes to structures, including those structures occupied by staff, may not be charged to this grant, and may not be included under rent in the budget document/workbook.
- Any one-time purchase on items costing $5,000 or more (e.g. Equipment, furniture, etc.).
- Travel in excess of state rates.
- Travel to send staff to conferences within California or out of state without prior approval from Contra Costa County HIV/AIDs and STD Program.
VII. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to obiel.leyva@cchealth.org or by downloading a copy from the Contra Costa Health Services Department website at https://cchealth.org/hiv/prevention.php.

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 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 seven (7) pages, including the Project Budget and Justification (see “Proposal Format,” Section IX). 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 5:00 pm on Monday October 14, 2019 and only in standard (8 x 11 letter sized) PDF format.

Contents should be in the order outlined here with the pages numbered sequentially throughout the proposal including the forms and attachments. Only the attachments identified in Section IX will be accepted. Proposals should be as concise as possible, must be in 12-point 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.

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

1. Administrative Review: The HIV/AIDS and STD Program staff will review all submitted proposals to ensure proposals are complete and in compliance with instructions in this RFP. 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: Persons with expertise in HIV Prevention 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.

3. County AIDS Program Review: The 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 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 state notice of grant award.

5. Appeals: **Applicants may appeal the process, not funding outcomes.** Appeals must be submitted in writing to the 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 HIV/AIDS and STD Program Director will make decisions regarding appeals within five (5) working days of appeal receipt.
IX. PROPOSAL FORMAT

Proposals are to be no more than seven pages (one-sided), 12-point font, and with completed attachments (not counted in page limit). Proposals should include the following elements:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency description:</strong> Include background, capacity (including qualification of staff), population(s) served, referral system, history serving MSM, and philosophy (e.g., sexual harm reduction). Please make sure you answer the following question: How is your organization uniquely qualified to provide PrEP education and PrEP-AP navigation services to the priority populations of this RFP in Contra Costa County?</td>
<td>One Page</td>
</tr>
<tr>
<td><strong>Program plan:</strong> Include a narrative on how your organization plans to implement PrEP education and outreach services targeting MSMs who are members of the priority populations and link them to HIV testing services. Describe outreach methods that will be used (tabling at events, social media postings, ads in dating apps, etc.).</td>
<td>Two Pages</td>
</tr>
<tr>
<td><strong>Scope of work:</strong> Include goals and objectives, major activities, and timelines. Service targets including: Number of MSM to receive PrEP and HIV education, number of outreach sessions to be held, data collection process, and number of PrEP referrals to be made. Include program responsibility of completing and submitting quarterly and final reports.</td>
<td>Two Pages</td>
</tr>
<tr>
<td><strong>Budget:</strong> Include both a line item and narrative budget--See Attachments B and C.</td>
<td>Two Pages</td>
</tr>
</tbody>
</table>

**ATTACHMENTS:** The following documents **must** be attached to your proposal:
- Attachment A: Funding Application Cover Sheet
- Attachment B: Proposed Program Budget
- Attachment C: Proposed Program Budget Justification
- Attachment D: Agency Demographic Information
- Attachment E: Past Performance Contracts Form
- Current list of agency officers, staff and Board of Directors including members’ affiliations
- Documentation of non-profit status
- Agency organizational chart that is current, dated, and shows how proposed project fits into the agency structure; must include current program staff members’ names and FTEs
- Most recent independent audit statement, only include findings and management letters
- Resumes of staff assigned to this program
- Completed W9 form
X. Additional Supporting Documentation Required (not counted in page limit)

- Tax-exempt status determination letters from the Internal Revenue Service and/or the State of California.
- Brief job descriptions for primary positions funded under the proposed project. These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
- Resumés, biographical summaries, or statements of qualifications of primary staff 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 here. Resumés should reflect an individual’s current job status. Proposals should not include resumés of individuals not involved in the proposed project.
- Memoranda of Understanding and Letters of Collaboration may be included but must be project-specific (if applicable).
- Service Provider Profiles (Attachments D and E) 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 and program staff.
- Past Performance Information (Attachment E) provides contact information for other contracts. Individuals listed will be contacted for an evaluation of the applicant agency’s performance. Applicants may list only one contract held with Contra Costa AIDS Program.
- List of Board of Directors - including affiliations and city of residence.
- Organization Chart – including the name of staff currently in each position and the FTE of each position.
- A copy of the agency’s most recent audited financial statement – include the auditor’s management letter, notes and statement of findings.

Additional documentation may be required to complete the contracting process.

XI. REVIEW AND SCORING CRITERIA

Complete applications will be reviewed and evaluated as follows:

1. Applicant Capability, Outreach and Collaboration (20 points)

   - Does the applicant describe sufficient relevant prevention experience?
   - Does the applicant describe a history of working with the priority populations?
   - 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?
2. Priority Populations and Needs Assessment (15 points)

- Does the applicant adequately describe the priority populations and their relationship to the HIV epidemic in the area(s) to be served? Are the specific needs of the priority populations identified?
- Does the applicant adequately describe challenges and methods to overcome them?
- Does the applicant convincingly state the need for this particular program?

3. Proposed Program (35 points)

- Are the applicant's objectives and proposed activities appropriate, culturally competent, and linguistically specific for the priority 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 priority populations?
- 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?
- Is the applicant able to provide services after hours and on weekends as needed to serve clients?
- Does the applicant adequately substantiate that it possesses the cultural sensitivity and competency necessary for successful program delivery to the priority populations?
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?

☐ 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 applicant describe how duplication of services will be avoided?

☐ Overall, will this project be an effective use of 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?

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 - E) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT’S OWN COMPUTER IF DESIRED.
ATTACHMENT A

CONTRA COSTA HEALTH SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION
HIV/AIDS and STD PROGRAM

FUNDING APPLICATION COVER SHEET

Amount Requested: $________________________

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

West County  Central County  East County  Entire County

Agency Name: _____________________________________________________________

Address: _________________________________________________________________

City: ___________________________  State: _________  Zip Code:___________

Telephone: ________________________  FAX: _________________________________

Project Director: _________________________________________________________

Telephone: _______________________  Email: ________________________________

Program Site Address(es): ________________________________________________
   (If different than address above)

Applicant’s Chief Executive Officer  President, Applicant’s Board of Directors

Name: __________________________  Name: ________________________________
   (Type or print)                      (Type or print)

Signature: _________________________ Signature: ____________________________
PROPOSED PROGRAM BUDGET (SAMPLE)
Agency Name
Time Period

<table>
<thead>
<tr>
<th>PERSONNEL</th>
<th>Rate of Pay</th>
<th>Number of Months</th>
<th>Percentage of Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position 1 (Name)</td>
<td>$xxx</td>
<td>12</td>
<td>xx%</td>
<td>$x,xxx</td>
</tr>
<tr>
<td>Position 2 (Name)</td>
<td>$xxx</td>
<td>12</td>
<td>xx%</td>
<td>$x,xxx</td>
</tr>
<tr>
<td>Supervisor (Name)</td>
<td>$xxx</td>
<td>12</td>
<td>xx%</td>
<td>$x,xxx</td>
</tr>
<tr>
<td>Total Salaries</td>
<td></td>
<td></td>
<td></td>
<td>$x,xxx</td>
</tr>
</tbody>
</table>

Fringe Benefits and Taxes (xx%) $x,xxx

Total Salaries, Benefits and Taxes $x,xxx

ADMINISTRATIVE (Max of 10% of Total Salaries, Benefits and Taxes) $x,xxx
(Indirect costs are administrative costs, such as payroll, accounting, shared equipment, shared rental/lease, facilities maintenance and insurance, utilities, etc., that are not specifically listed under “operating expenses”).

OPERATING EXPENSES (Describe discrete categories of expenses and calculations used to arrive at amounts). Please note that the HIV/AIDS and STD Program will provide the funded organization with written educational materials (e.g., pamphlets, handouts, etc.) and safer sex materials (e.g., condoms, lubricant, dental dams, etc.), so please DO NOT include these items in your budget.

Travel $x,xxx
Training $x,xxx
Equipment $x,xxx
Supplies $x,xxx
Telephone $x,xxx
Other (provide detail) $x,xxx
Contractual $x,xxx
Total Operating Expenses $x,xxx

TOTAL REQUEST $x,xxx
# PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)

Agency Name  
Time Period  

1. PERSONNEL  

<table>
<thead>
<tr>
<th>Salaries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Community Outreach Worker (CHW) (X FTEs, X months)</td>
<td>$xx,xxx</td>
</tr>
<tr>
<td>The CHW is responsible for….</td>
<td></td>
</tr>
</tbody>
</table>

| B. Supervisor (X FTE, X months) | $xx,xxx |
| The supervisor is a qualified professional who has knowledge of and experience with HIV education and prevention. This person provides… |

| 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. ADMINISTRATIVE  

|  |
| $x,xxx |
| A rate of xx% (no more than 10%) has been applied to Salaries, Fringe Benefits and Taxes to provide administrative overhead, which includes the costs of accounting, payroll, share of facility lease and insurance, maintenance, and utilities. |

3. OPERATING EXPENSES  

|  |
| $x,xxx |
| Includes Travel, Training costs, Telephone, Equipment, Supplies, ect. |
ATTACHMENT D
Agency Demographic Information

<table>
<thead>
<tr>
<th></th>
<th>Board of Directors</th>
<th>Staff</th>
<th>Volunteers</th>
<th>Unduplicated Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Native American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL MINORITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL WHITE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL WOMEN</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TOTAL MEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian/Bisexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWHIV/PLWA*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.


**ATTACHMENT E**

Past Performance Contracts Form

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 COUNTY HIV/AIDS 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 &amp; Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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