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CONTRA COSTA
PUBLIC HEALTH
HIV/AIDS & STD PROGRAM
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Martinez, California
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REQUEST FOR PROPOSAL GUIDELINES AND INSTRUCTIONS

Service Category	Proposed Amount *	Contract Period	Funding Source
Medical Nutrition Therapy	\$42,000	March 1, 2018 – February 28, 2019	Ryan White Treatment & Modernization Act, Part A
Medical Nutrition Therapy	\$20,000	May 1, 2018 – April 30, 2019	Ryan White Treatment & Modernization Act, Part C

These amounts reflect a proposed annual allocation for the contract period 2018-2019 and may decrease or increase depending on the actual federal award. 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 federal notice of award has been received.

Date	Time	Activity
September 1, 2017		Announcement of funding opportunity
September 15, 2017	11:00 a.m.	Informal informational meeting for potential applicants held at 597 Center Ave, Suite 120, Martinez CA 94553.
September 22, 2017	3:00 p.m.	Proposals Due: Either 1) an original and three (3) copies of the proposal OR 2) an electronic PDF version (only) of the proposal must be received in the HIV/AIDS & STD Program office at 597 Center Avenue, Suite 200, Martinez, CA 94553. Email PDF to Barbara.Allen@hsd.cccounty.us and Jazmin.Brumfield@hsd.cccounty.us There will be no exceptions to this deadline.
By October 13, 2017		Review panel(s) will meet to evaluate proposals and develop funding recommendations
Week of October 30 2017		Approximate date of announcement for awards and initiation of contract negotiations

General questions about this RFP may be directed to HIV/AIDS & STD Program Staff at (925-313-6771), HIV/AIDS & 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 & 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>.

The County of Alameda is a Federal grantee for HRSA Ryan White Part A funds. Contra Costa County has a contract with Alameda County for the provision of Part A services. For Part A funds, applicants may choose to serve clients in the entire county or in specific regions of the County for each of the service categories. Contra Costa (CC) is the Federal grantee for HRSA Ryan White Part C funds. Applicants will serve clients in West Contra Costa where the Part C program is focused.

Applicant agencies should outline the distribution of personnel based on projected caseloads, funding, and epidemiologic information. The HIV/AIDS & STD Program is seeking a single agency to receive the full amount of available funding within this service category. Ongoing funding is contingent on successful completion of the contractor's objectives and continued availability of federal funding.

II. QUALIFICATIONS, ELIGIBILITY AND FUNDING RESTRICTIONS

Applicants need not be based in CC County to be eligible; however, agencies must demonstrate sufficient 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 who reside in CC County. 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 with the HIV/AIDS & STD Program regarding work plans and budgets. 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 & STD Program office. HIV/AIDS & STD Program contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment. **Non-profit applicants must show proof of 501C3 status.** Contractors will also need to be registered in the System for Award Management (SAM.GOV) database and provide the agency Data Universal Numbering System (DUNS) number and Employer Identification Number (EIN). **For-profit applicants would require additional federal approval.**

All Contractors are required to:

1. After referral from a medical case manager, offer services **free of charge to participants and without regard to past or present health condition.**
2. Adhere to legal requirements to maintain the **confidentiality of clients.**

3. Ensure that at least **25% of services are provided to women and 50% to people of color.**
4. 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 training and access to ARIES upon notification of award. For more information on ARIES go to <https://archive.cdph.ca.gov/programs/aids/Pages/OAARIESHome.aspx>
5. **Work collaboratively** with all HIV service providers to ensure coordination and utilization of existing services. Attendance at HIV medical rounds is required for all providers.
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 grant expenditure reports and back-up documentation** such as payroll ledgers and all operating cost receipts.
9. **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.
10. 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.

For additional detail on the Ryan White Standards of Care for the Oakland Transitional Grant Area refer to: <http://www.acphd.org/media/430395/ryan-white-hiv-aids-standards-of-care.pdf>

IV. DESCRIPTION OF SERVICES TO BE FUNDED-MEDICAL NUTRITION THERAPY

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. To provide services in this service category, providers should have some level of knowledge/population skills related to people living with HIV or be willing to obtain these skills via continuing education

Medical Nutrition Therapy includes:

- Health history assessment
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

The contractor will:

- Maintain and make available to the grantee copies of the dietician's license and registration
- Maintain annual certification of tuberculosis clearance on file for all program staff
- Document services provided, number of clients served, and quantity of nutritional supplements and food provided to clients

- Obtain detailed lab work, including specific nutrient deficiencies, HgA1C, and others, as appropriate
- Document in each client record:
 - Services provided and dates
 - Nutritional plan as required, including required information and signature
 - Physician's recommendation for the provision of food

The licensed nutrition professional is expected to attend by phone or in person medical rounds on their patients to update the medical providers. For clients served through Contra Costa Regional Medical Center (CCRMC), medical rounds are held monthly in the relevant region of the county:

West County- Third Wednesday of the month, 1:30-4:00 pm

Central County- First Thursday of the month, 1:00-2:00 pm

East County- Second Wednesday of the month, 2:15-1:45 pm

Clients receiving their medical care outside the CCRMC system must be case conferenced with their medical provider and documented in ARIES at least twice per year.

For additional detail on the Ryan White standards of care for medical nutrition therapy refer to page 26 of the following document: <http://www.acphd.org/media/430395/ryan-white-hiv-aids-standards-of-care.pdf>

UNITS OF SERVICE FOR ALL SERVICE CATEGORIES:

The standard unit of 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, representation at meetings or court, etc. Multiple units of service per client are possible per encounter.

PHYSICAL PLANT STANDARDS

Services may be provided in the client's home, in the provider's office or at another mutually acceptable private location. All service locations must include:

- a. Access to a private, confidential space for clients to meet with program staff;
- b. A facility where illegal drug use is not tolerated on site;
- c. A comfortable environment for people with HIV/AIDS; and
- d. A HIPAA-compliant, secure location for storage of client files.

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 non-residential 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. At a minimum, 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 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.

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. Administrative expenses may not exceed 10% of the award including any federally approved indirect rate. 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.**

VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to Barbara.Allen@hsd.cccounty.us and Jazmin.Brumfield@hsd.cccounty.us or by downloading a copy in PDF format from the Contra Costa Health Services Department website at <http://www.cchealth.org/aids>. Electronic versions of the submitted proposal will be accepted **only in Portable Document Format (PDF)**. Pages must be submitted in the same order as required in the RFP and numbered sequentially. All other formatting requirements listed in this RFP apply equally to electronic, mailed, or hand delivered proposals. **Late proposals will not be accepted. Facsimile (fax) copies are not acceptable.** Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed fourteen (14) pages, including the Project Budget and Justification (see “Required Format,” Section VIII). Supporting documentation is **not** included in the maximum page count. If submitting a paper copy, an original and three (3) copies, including Supporting Documentation, must be delivered by **3:00 p.m. PDT on Friday, September 22, 2017** to:

Contra Costa HIV/AIDS & STD Program
597 Center Avenue, Suite 200
Martinez, CA 94553
Attn: Barbara Allen

If the proposal is submitted via email, it must be forwarded to Barbara.Allen@hsd.cccounty.us **and** Jazmin.Brumfield@hsd.cccounty.us and electronically time stamped no later than 3:00 p.m. on Friday, September 22, 2017 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 VIII 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 & STD Program to award a contract to any provider, nor is the HIV/AIDS & STD Program liable for any costs incurred by the organizations in the preparation of proposals. The HIV/AIDS & 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 the HIV/AIDS & STD Program: (925) 313-6771.

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

1. **Administrative Review:** The CC HIV/AIDS & 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:** As possible, a panel, including individuals outside the 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 & STD Program Review:** The CC HIV/AIDS & 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 & 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 federal notice of grant award.
5. **Appeals:** Applicants may appeal the process, not funding outcomes. Appeals must be submitted in writing to the CC HIV/AIDS & STD Program Director within five (5) 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 & 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. ***Complete two application sheets if you are applying for both the Part A and Part C funding.*** 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 PLWH/PLWAs or affected others and the length of time these have been offered by the agency. Describe how the agency links clients to primary care services.
 - d. Describe any People Living with HIV/AIDS (PLWH/As') involvement in the agency's governance and planning of services.

- e. Describe the qualifications of project personnel including direct service and supervision.

3. Agency Outreach and Collaboration - maximum one (1) page (counted in page limit)

- 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. 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.

4. Target Population and Needs Assessment - maximum one (1) page (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.

5. Proposed Project Objectives – maximum two (2) pages (counted in page limit)

- a. Indicate the proposed project's objectives. These must be specific, measurable, achievable, relevant, time-bound, 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.

6. Proposed Program - maximum three (3) pages (counted in page limit)

- a. For each objective listed above, describe the primary steps that are designed to lead to successful accomplishment of your objectives.
- b. Who will manage the proposed project? Who will carry out the program? What will you do? Where and when will these activities be conducted? Why did you select this particular approach?
- c. Describe how supervision will be provided to direct service staff, and how evaluation will be used to improve services.
- d. Describe how confidentiality of documentation will be maintained.

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

The proposal must include a summary of the agency quality assurance plan that demonstrates how the agency will ensure that the services provided will improve the health status of clients served under this proposal. How will your agency evaluate program effectiveness, and how will the results from this evaluation be used to improve the provision of services?

Outcome indicators show direct linkages between the services provided and access to medical care. The outcome indicators to be reported on are:

Medical Nutrition Therapy

- At least 95% of clients will complete nutrition assessment
- At least 90% of clients assessed will develop nutrition plan intervention goals
- 85% to maintain a healthy weight or show improvements in weight status

- 75% of clients will maintain a healthy BMI between 20 and 25 or show improvement in BMI
- 100% of those enrolled in Meals on Wheels will have a nutrition assessment on file

8. Proposed Project Budgets - maximum two (2) pages and Budget Justification - maximum two (2) pages (counted in page limit).

Ensure that your proposal includes a separate budget and justification for each source of funding (Part A and Part C). **Do not combine the funding and only submit one budget and justification.**

The application must include a separate line item budget **for each funding source** and a separate budget narrative (see attachments B and C) **for each funding source** explaining how each line item will be expended. The project budgets should include information on other sources of revenue. Applicants will be required to maintain written documentation, including legible invoices and canceled checks.

RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP core medical and support services.

Administrative expenses should not exceed 10% of the budget. Administrative costs should include usual and recognized overhead activities including Director's time, agency rent and utilities, phone, general supervision, payroll, audits, maintenance, and other shared program costs. The following programmatic costs are not required to be included in the 10% limit on administrative costs and may be charged to the relevant program charges directly associated with such activities.

- Portion of fees and services for licensure of staff providing direct client services
- Portion of staff time for data entry of contract activities
- Portion of a receptionist's time providing direct patient services (e.g., scheduling appointments) for contract activities
- Portion of a supervisor's time devoted to providing professional oversight for Ryan White clients
- Mileage to meet with a client, or provide services on behalf of the client, e.g. inspect a potential housing unit, attend rounds or attend the HIV/AIDS Consortium, etc.

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 How will clients be notified? How will communication with other providers and the HIV/AIDS & 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. What process will be used if the proposed plan has to 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 here. 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 applied for. **Applicants may list only one contract held with Contra Costa HIV/AIDS & STD Program.**
- g. **Program Procedural Protocols** (optional) - a number of 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?
- 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 the “hard to reach” population 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?
 - Does the proposal indicate how the agency will assist with attention in care?
- 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?
 - 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 them in service provision with populations living with HIV/AIDS?
- 3. Proposed Program and Quality Assurance Plan - 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?
 - 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?
 - Does the applicant describe how duplication of services will be avoided and that Federal dollars will be used only as “funds of last resort?”
- 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 of time 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 & STD PROGRAM**

FUNDING APPLICATION COVER SHEET
(Use one sheet for each funding source)

Service Category: **Medical Nutrition Therapy** ___ Part A ___ Part C

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: _____

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

**President, Applicant's Board of
Directors**

Name: _____
(Type or print)

Name: _____
(Type or print)

Signature: _____

Signature: _____

BUDGET FORMAT TEMPLATE- COMPLETE A SEPARATE BUDGET FOR EACH FUNDING CATEGORY

Agency Name

Dates of proposed program

Medical Nutrition Therapy ___Part A ___ Part C

PERSONNEL

	annual rate of pay	Percent FTE	Number of Months	Program Cost	Admin Cost	Total Cost
position 1	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
position 2	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
Supervisor	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
total Salaries				\$x,xxx	\$x,xxx	\$x,xxx
Fringe Benefits estimated at (xx%)				\$xx	\$xx	\$xx
Total salaries and Benefits				\$x,xxx	\$x,xxx	\$x,xxx

OPERATING

describe discrete categories of expenses

	Mileage Reimbursement	\$xx		\$xx
Total Operating		\$x,xxx	\$x,xxx	\$x,xxx

ADMINISTRATIVE EXPENSES

List other charges not related to Personnel or Operating expenses

	Supplies	\$ -	\$xx	\$xx
	Telephone	\$ -	\$xx	\$xx
	Occupancy	\$ -	\$xx	\$xx
	agency audit	\$ -	\$xx	\$xx
Total Administrative		\$x,xxx	\$x,xxx	\$x,xxx

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

PROPOSED PROGRAM BUDGET JUSTIFICATION ^{}(SAMPLE)^{**}- COMPELTE A**
SEPARATE JUSTIFICATION FOR EACH FUNDING SOURCE

Agency Name
 Dates of Services
 Name of Services
 __PART A __PART C

1. PERSONNEL									
Contract Fees							Program Cost	Admin Cost	Total
A.	Registered Dietitian (XX FTE, XX Months)						xx	\$ -	xx
	The Registered Dietitian (RD) is responsible for providing Medical Nutrition Therapy (MNT) to clients registered in the Contra Costa County HIV/AIDS system of care to assist clients in improved physical, psychological and social well-being. The RD assesses, plans, evaluates and provides nutritional plans and consultation for individual care which can include food, nutritional services and nutritional supplements, pursuant to a physician's recommendation. The RD makes determinations regarding the progress of the client toward nutrition goals and utilizes a professional relationship with the client to facilitate those goals. The RD modifies and delivers nutrition consultation specific to the specific needs of the client. The RD conducts general nutrition education presentations at client support group meetings.								
2. OPERATING EXPENSES									
	Travel/Mileage						xx	0	xx
									\$ -

SERVICE PROVIDER PROFILE

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

COMMUNITY AREAS SERVED BY HIV/AIDS & STD PROGRAMS:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) _____

DUNS NUMBER: _____

SAM REGISTRATION STATUS: _____

FISCAL YEAR (FY) 2016-2017

TOTAL FY 2016-2017 AGENCY REVENUE (ACTUAL): _____

TOTAL FY 2016-2017 AGENCY EXPENSE (ACTUAL): _____

SURPLUS/DEFICIT: _____

TOTAL FY 2016-2017 HIV/AIDS & STD PROGRAM EXPENSE (ACTUAL) _____
(This amount should not be equal to the total 2016-17 agency expense)

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

COMPLETE THE FOLLOWING INFORMATION FOR YOUR HIV/AIDS BUDGETS ONLY.

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 2016-2017								
FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								
Mileage								
Contractual								
Total Direct Costs								
Indirect Costs								
TOTAL COSTS								

Summary of HIV/AIDS-Related Funding Sources for FY 2017-2018 (projected)								
FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								
Mileage								
Contractual								
Total Direct Costs								
Indirect Costs								
TOTAL COSTS								

AGENCY'S CURRENT YEAR TOTAL OPERATING BUDGET (SAMPLE)

Agency Name

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

EXPECTED REVENUE:	Service Area 1 (i.e. Housing)	Service Area 2 (i.e. Education)	Service Area 3 (i.e. HIV Services)	TOTAL
Public Funds:		\$ xx,xxx		\$ xx,xxx
CDBG:	\$ xx,xxx			\$ xx,xxx
Ryan White (Part A):			\$xxx,xxx	\$xxx,xxx
City of XXX:	\$ xx,xxx	\$ x,xxx	\$ xx,xxx	\$xxx,xxx
Foundation Grants:		\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Contributions:	\$ xx,xxx		\$ x,xxx	\$ xx,xxx
Fee for Services:		\$ x,xxx		\$ x,xxx
Special Event Revenue:		\$ x,xxx		
TOTAL REVENUE:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
EXPECTED EXPENSES:				
Salaries:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
Fringe Benefits:	\$ x,xxx	\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Occupancy/Rental:	\$ x,xxx			\$ x,xxx
Supplies:	\$ xxx	\$ x,xxx	\$ xx,xxx	\$ xx,xxx
Postage:	\$ xxx	\$ xxx		\$ xxx
Equipment:			\$ xx,xxx	\$ xx,xxx
Travel:	\$ x,xxx	\$ xxx	\$ xxx	\$ x,xxx
Telephone:	\$ x,xxx	\$ xxx	\$ x,xxx	\$ x,xxx
Printing:	\$ xxx	\$ x,xxx	\$ xxx	\$ x,xxx
Staff Training/Conferences:	\$ xxx	\$ xxx	\$ xxx	\$ xxx
TOTAL EXPENSES:	\$ x,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
****Share of Federally Approved Indirect Costs:	\$ x,xxx	\$ x,xxx	\$ x,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.

TOTAL AGENCY						HIV/AIDS DIRECT SERVICES					
BOARD OF DIRECTORS		STAFF		UNDUPLICATED CLIENTS		STAFF		UNDUPLICATED CLIENTS		OTHER VOLUNTEERS	

	#	%	#	%	#	%	#	%	#	%	#	%
Native American												
African American												
Hispanic or Latino(a)												
Asian or Pacific Islander												
TOTAL MINORITY												
TOTAL WHITE												
TOTAL WOMEN												
TOTAL MEN												
Gay/Lesbian/ Bisexual												
Transgender												
PWHIV/PLWA*												

* 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 & STD PROGRAM.

Contract Title	Grantor or Funder	Contract Period	# Of Clients Expected to Be Served	# Of Clients Served	Program Monitor & Phone Number
1.					
2.					
3.					
4.					
5.					