

HILLSBOROUGH COUNTY
BOARD OF COUNTY COMMISSIONERS
COUNTY ADMINISTRATOR
FAMILY & AGING SERVICES DEPARTMENT



REQUEST FOR APPLICATIONS - RFA # RW1-11

FOR

**THE PROVISION OF OUTPATIENT AND AMBULATORY
HEALTH AND SUPPORT SERVICES,
FOR INDIVIDUALS WITH HIV DISEASE AND THEIR FAMILIES**

AS AUTHORIZED BY THE

RYAN WHITE HIV/AIDS EXTENSION ACT

**PART A, PART B of the HIV EXTENSION ACT
AND STATE GENERAL REVENUE**

**SPECIFICATION FOR THE PROVISION OF
 OUTPATIENT AND AMBULATORY HEALTH AND SUPPORT SERVICES,
 FOR THE RYAN WHITE PROGRAM**

- A. RFA Schedule page 2
- B. Introduction and Purpose page 3
- C. Eligible Services page 9
- D. Submission Requirements and General Terms page 15
- E. Applications Evaluation page 20
- F. Application
 - 1. Application Cover Sheet page 23
 - 2. Authorized Signature Page page 24
 - 3. Acknowledgement Page page 25
 - 4. Application Contents & Evaluation Criteria page 26
 - 5. Public Entity Crimes Statement page 29
 - 6. Equal Opportunity Questionnaire page 37
 - 7. Civil Rights Status page 38
 - 8. Work Force Analysis page 40
 - 9. Condition of Award Budget page 41
 - 10. Categorical Budget page 42
 - 11. Budget Narrative page 43
 - 12. Summary of Funding Sources page 44
 - 13. Certification Regarding Lobbying page 48
 - 14. Pricing Schedule page 49
 - 15. Insurance Limitations page 57
- G. Exhibits
 - 1. Minimum Standards of Care page 69
 - 2. HRSA Program Policies page 84
 - 3. Service Caps page 124
 - 4. Quality Management Plan page 153
 - 5. Pro-forma contracts page 203

This RFA is funded 93.7% by Ryan White Part A, 5.7% by Part B, and .6% by State General Revenue funds.

A

PROGRAM YEAR 2012/2013
ANTICIPATED RFA SCHEDULE

RFA # RW1-11

<p>Friday, September 23, 2011</p>	<p>Request For Applications (RFA) advertised and released. RFA packages may be obtained from the Hillsborough County Family and Aging Services Department website address: http://www.hillsboroughcounty.org/hss/resources/publications/home.cfm. Call 813-272-6935 with any questions.</p>
<p>Thursday, September 29, 2011</p>	<p>RFA Pre-submittal Conference, 1:30 P.M. at 1002 E. Palm Avenue, Tampa, FL (Children’s Board of Hillsborough County), will be held to answer questions from those planning to submit Applications.</p>
<p>Tuesday, October 4, 2011</p>	<p>Deadline for written requests for interpretation to be included as Addenda to this RFA. Fax to Aubrey Arnold at 813-272-7203, or E-mail to: Arnolda@Hillsboroughcounty.Org</p>
<p>Friday, October 28, 2011</p>	<p>Deadline for submitting Applications to the Hillsborough County Family and Aging Services Department, 601 E. Kennedy Blvd., 25th Floor, Tampa, FL 33602. <u>Applications submitted after 5:00 p.m. will not be accepted.</u></p>
<p>Friday, October 28, 2011</p>	<p>Applications will be opened at 5:15p.m.</p>
<p>Monday, October 31, 2011</p>	<p>Applicants notified regarding qualification/ disqualification.</p>
<p>Tuesday, November 15, 2011</p>	<p>RFA Evaluation Teams finalize scoring and ranking of responses for funding recommendations.</p>
<p>Tuesday, November 15, 2011</p>	<p>Recommendations posted in Family and Aging Services, the Ryan White offices, and the Public Information office. Applicants notified of recommendations and scheduled for contract review appointments.</p>
<p>Wednesday, November 30, 2011</p>	<p>Grievances and Appeals due no later than 5:00 p.m. They must be submitted to Aubrey Arnold, Hillsborough County Family and Aging Services Department, 601 E. Kennedy Blvd., 25th Floor, Tampa, FL 33602.</p>
<p>Friday, February 3, 2012*</p>	<p>Agenda Deadline: Final Contracts must be submitted to the County Administrator for inclusion on the February 15, 2012*, BOCC meeting.</p>
<p>At the February 15, 2012*, BOCC Meeting.</p>	<p>Contracts submitted to BOCC for approval.</p>

If you have questions about this schedule, call Aubrey Arnold at 272-6935.

*These dates may change, as the BOCC calendar for 2012 has not been finalized.

B. INTRODUCTION AND PURPOSE

1. BACKGROUND AND STATEMENT OF NEED

Hillsborough County, a political subdivision of the State of Florida, hereafter referred to as COUNTY, is the grantee recipient of State General Revenue, Housing Opportunities for Persons with AIDS (HOPWA), Part A Ryan White Extension Act, and Part B Ryan White Extension Act federal grant funds. The Ryan White programs provide HIV-related health and support services within the service areas detailed below. Part A's Eligible Metropolitan Area (EMA) is comprised of Hillsborough, Pinellas, Pasco, and Hernando counties; while Part B is comprised of Hillsborough, Pinellas, Pasco, Hernando, Polk, Highlands, Hardee, and Manatee counties. The General Revenue covers Hillsborough, Pinellas, Pasco, and Polk counties. HOPWA covers Polk and Manatee counties. The Ryan White CARE Act Title I (now known as Part A) HIV Health Services Planning Council was established and designated by the COUNTY as described in the CARE Act. A similar entity was established for Title II (now known as Part B) and was known as the Consortium. The Title I HIV Health Services Planning Council and the Title II Consortium merged on September 1, 1999, and the resulting entity is known as the West Central Florida Ryan White Care Council. Hereafter, the West Central Florida Ryan White Care Council will be referred to as the Care Council. The Care Council is responsible for establishing priorities for the allocation of Part A and Part B funds. The priorities are based on surveillance data of the local AIDS/HIV epidemic and a comprehensive Needs Assessment. The Hillsborough County Family and Aging Services Department, hereafter referred to as DEPARTMENT, is responsible for administering the Part A, Part B, General Revenue, and HOPWA programs for the COUNTY.

The COUNTY seeks the services of qualified agencies to provide health and support services to eligible individuals and their families.

2. STATEMENT OF PURPOSE

The purpose of the Part A, Part B, General Revenue, and HOPWA Programs are to augment the health care systems currently bearing the burden of HIV-related care. The purpose of funds awarded under this RFA is to enhance available HIV-related health and support services by funding providers to increase needed services. Hillsborough County is issuing this RFA in order to select the applicants best qualified to deliver needed services to individuals and families with HIV disease within the eight county area.

3. ORGANIZATIONS/AGENCIES ELIGIBLE TO APPLY

Service providers meeting the following criteria are eligible to apply for funding under this RFA:

- a. Public or nonprofit private entities, including hospitals (which may include Veterans Administration facilities), community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, and homeless health centers.

For-profit agencies are eligible to be service providers ONLY in the absence of qualified nonprofit agencies able and willing to provide quality service.

- b. Private entities must be incorporated, or be authorized to do business in Florida, and have a local office, representative and a local phone number.
- c. Provide services to residents of Hillsborough, Pinellas, Pasco, Hernando, Polk, Highlands, Hardee and Manatee counties in the respective county.
- d. If the service, which is being applied for, is eligible for Medicaid reimbursement, then the applicant must be a Medicaid provider at time of application. The Public Law requires that any eligible services to a Medicaid eligible patient must be billed to Medicaid rather than Ryan White. Likewise, all services covered by any other insurance policy, benefits/assistance program must be billed to that other payor. If the client does not have sufficient funds to cover his/her co-payments associated with another payor the case manager may authorize the provider to bill the COUNTY for said co-payment(s). The service

providers assume the financial risk for providing services for which other sources of funding could reasonably have been anticipated or determined.

e. Perform one of the eligible services listed in this RFA.

f. Meet the financial criteria established by the COUNTY. The COUNTY wants applicants to have a 1:1 debt ratio. Depending on the number of applicants, the COUNTY may, at its sole discretion, proceed in contracting with an applicant whose financials do not meet said criteria. However, additional financial reporting requirements will be added to the applicant's contract.

4. CLIENT ELIGIBILITY

Client eligibility for services under this RFA and resulting HIV-Services Agreements shall be determined on the basis of verification of HIV infection, a diagnosis of AIDS, or being an affected family member of such a person. Service providers contracted under this RFA must obtain and keep on file written documentation of seropositivity of all clients or the seropositivity of family members of affected clients. Service providers contracted under this RFA shall assume the financial risk for providing services to individuals not testing HIV positive, for providing services to individuals who the service provider has not documented as HIV positive, or providing services to individuals who have no HIV-positive family member. Service providers shall also assume the financial risk for providing services for which other sources of funding could reasonably have been anticipated or determined.

The Care Council may develop additional eligibility criteria for recipients of services, provided they do not violate any state or federal law, rule or regulation. PROVIDERS assume the financial risk for providing services to individuals who do not meet the eligibility criteria. The PROVIDER will be notified of eligibility criteria or any changes and will be allowed 30 days to implement the change, if applicable.

Funds awarded under this RFA may only be used for services to affected individuals as outlined in HRSA Program Policy Notice No. 97-01, Issued February 1, 1997; see SECTION G, EXHIBIT 3, HRSA Policy Notices.

5. Strategy for Early Identification of Individuals with HIV/AIDS (EIIHA):

The 2000 legislation required a new focus on reducing unmet need – finding people who know they are HIV+ and helping them enter and remain in HIV-related medical care. The 2006 legislation maintained the requirement and added a focus on people living with HIV/non-AIDS as well as people living with AIDS. The 2006 legislation required Part A Planning Councils (or the grantee where there is no planning council) and Part B programs to:

- Determine the size and demographics of the population of individuals with HIV/AIDS;
- Assess PLWH service needs and gaps “with particular attention to individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services” and “disparities in access and services among affected subpopulations and historically underserved communities”;
- Develop a comprehensive plan for the organization and delivery of health and support services that “includes a strategy for identifying individuals who know their HIV status and are not receiving such services...”

The Ryan White HIV/AIDS Treatment Extension Act of October 2009 provided an expanded focus and new requirements on getting people with HIV/AIDS into care upon diagnosis by including “**individuals who are unaware of their status**” to all three requirements. The 2009 legislation also required grantees to develop a **strategy for identifying individuals and enabling them to use the health and support services**. To support this effort, all Providers must demonstrate how funded Part A and B services will integrate the following Early Identification of Individuals with HIV/AIDS (EIIHA) components in their service delivery:

- a) Identification of Individuals Unaware of Their HIV Status
- b) Inform individuals of their HIV status
- c) Refer to care/services
- d) Link to care

To further understand EIIHA a list of related definitions has been included:

- **EIIHA:** Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of **diagnosed and undiagnosed** individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to medical care. The goals of this initiative are:
 1. Increase the number of individuals who are aware of their HIV status; and
 2. Increase the number of HIV positive individuals who are in medical care; and
 3. Increase the number of HIV negative individuals referred to services that contribute to keeping them HIV negative.
- **Unaware of HIV Status:** Any individual who has **NOT** been tested for HIV in the past **12-months**, any individual who has **NOT** been informed of their HIV result (HIV positive or HIV negative), and any HIV positive individual who has **NOT** been informed of their **confirmatory** HIV result.
- **Identification of Individuals Unaware of Their HIV Status:** The **category breakdown** of the overall unaware population into subgroups, which allow for the overall EIIHA strategy to be **customized based on the needs of each subgroup**, for the purposes of identifying, counseling, testing, informing, referring, and linking these individuals into care. HRSA now distinguishes between:
 - “Parent Groups” categories that encompass a large and diverse number of individuals with a common issue (e.g., substance abuse, men who have sex with men), and
 - “Target Groups” within the Parent Group that allow the overall EIIHA strategy to be customized based on the Priority Needs and Cultural Challenges of each Target Group.
 - Important note: The following groups are considered Parent Groups and may **NOT** be listed as Target Groups. These groups must be broken down into smaller, more specific groups.
 - MSM
 - Substance Abuse/IVDU
 - Black/African American
 - Hispanics
- **Informing individuals of their HIV status:** Informing an HIV negative individual, post-test, of their appropriate HIV screening result. Informing an HIV positive individual, post-test, of their **confirmatory** HIV result.
- **Informing individuals of HIV Negative status:** Informing individuals of their HIV negative status and refer these HIV negative individuals to appropriate supportive services that will contribute to keep them HIV negative. However, due to their HIV negative status, these individuals are **not eligible** for Ryan White funded care or supportive services.
- **Referral to care/services:** The provision of timely, appropriate, and pre-established guidance to an individual that is designed to refer him/her to a specific care/service provider for the purpose of accessing care/services after the individual has been informed of their HIV status (positive or negative).
- **Linkage to medical care:** The post-referral verification that medical care/services were accessed by an HIV positive individual being referred into care. (*i.e.*, *Confirmation first scheduled care appointment occurred*). **The medical care visit must entail one of the following: a CD4 count, viral load test, or the provision of an HIV related prescription for medication.**

6. PROVIDER REQUIREMENTS (not inclusive):

All agencies recommended for funding under this RFA shall be required to comply with all terms and conditions of the contract between the COUNTY and the PROVIDER. At a minimum, PROVIDERS will be required to comply with the following contract terms.

- a. Case Management providers will be required to participate in Case Management trainings sponsored by Hillsborough County, as well as any State of Florida Department of Health sponsored training sessions.
- b. Obtain proof of ambulatory/outpatient medical care annually on all clients served.
- c. PROVIDER must send at least one representative to every PROVIDER meeting that is scheduled by the DEPARTMENT.

- d. Ensure there is a method of tracking client demographic information as well as units of service.
- e. Quality Management reporting elements are established by the Quality Management provider and the PROVIDER agrees to track and report on those elements. A Quality Management program is a HRSA mandate.
- f. PROVIDER agrees to comply with any and all requests for information to ensure completion of federal and state reports and grant applications.
- g. PROVIDER shall be required to comply with all current and subsequent HRSA policies. A copy from the Part A HRSA manual is attached in Section G. PROVIDER is responsible for ensuring they have the most recently issues policies. They may be obtained from the HRSA website.
- h. PROVIDER's may not be reimbursed more than 25% of their contract amount within a given quarter, without the prior written permission of the Ryan White Program Manager. Outpatient/Ambulatory medical care and AIDS Pharmaceutical Assistance (local) providers are excluded from this limitation.
- i. PROVIDER will be required to comply with the terms in the sample contract attached in Section G, Exhibit 4. However, the COUNTY reserves the right to revise the contract terms and conditions at their discretion prior to its execution.
- j. Budget/Expenditure Status Report must be completed by the PROVIDER on a monthly basis, and retain for review upon request, for all fee-for-service contracts. The original budget will be the approved Condition of Award Budget. Expenditures must be in accordance with the approved budget. Under no circumstances can the administrative costs exceed 10% of the contract. All rent and utility charges are considered administrative regardless of the work being performed by staff, pursuant to the Ryan White legislation.
- k. PROVIDER will be required to input information on clients served and units of service provided into the Ryan White Information System (RWIS).
- l. PROVIDER must comply with any service caps per client as established by the Care Council; those limits are listed in attached Exhibits.
- m. PROVIDER will assist in the identification of potential clients to serve as members of the Care Council or be active participants in the Care Council and its subcommittee meetings.
- n. PROVIDER will be required to have all employees working on the program background checked as well as fingerprinted. No employees can work on the program if they have a criminal felony record.
- o. PROVIDER agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees. If the PROVIDER is permitted by the BOCC to subcontract any portion of the services, the PROVIDER must require the subcontractor to utilize the E-Verify to verify the employment of all new employees.
- p. PROVIDERS must be registered in the Central Contractor Registration (CCR) and provide the DEPARTMENT with their data universal numbering system (DUNS) number. The COUNTY cannot contract with anyone who does not have a DUNS number.
- p. The PROVIDER is obligated to be familiar and comply with all of HRSA's newest monitoring standards and guidelines. They can be found at: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

7. Reporting and Data Collection Requirements

Providers will be required to collect and report on program performance. Reporting requirements will include both client level data and system level data elements. These requirements are comprised of HRSA's/HIV AIDS Bureau (HAB) Ryan White Services Report (RSR) which includes Client Level Data elements, and Outcome Measures. The applicant agency will be required to report all required data elements in the RWIS.

Providers will utilize a standardized quarterly progress report format for reporting on program or fiscal performance as required.

Aggregate system-wide data consisting of the number of clients served, demographics, Federal Poverty Levels, service utilization, expenditures, service delivery outcomes and standards of care will be provided to the DOH, HRSA and the Planning Council/Care Council. Data findings will be utilized by that planning body in its planning, assessment, program evaluation, priority setting and resources allocation process, in addition to other mandated functions of that planning body.

Providers shall maintain required data collection functions for all Clients and service delivery in RWIS. Providers shall establish internal processes for monitoring data entry, reporting and establish quality

assurance activities to maintain data integrity and accuracy. Activities shall include formal protocols for data analysis and modifications which result in data integrity issues.

Hillsborough County and/or its contracted designee maintain the right to collect data from Client records for Quality Assurance and Program Evaluation purposes. This Client data includes, but is not limited to, socio-economic data, demographics, service delivery outcomes, utilization of funding, client satisfaction and adherence to quality care standards.

8. Computer Capability

Participating Providers must demonstrate an adequate management information system (MIS) capability and agree to use the Ryan White Information System (RWIS). To be compatible with the RWIS software, the minimum requirement is the availability of at least one Pentium processor-based personal computer (dual or quad core), Windows XP Professional, with at least 1GB of RAM. The computer must have internet access. Minimum and recommended system requirements connecting to RWIS are included below.

Upon contract award, Fiscal and Support Services Department personnel will, if not already done, provide access to RWIS and train Provider staff in its use. There is no charge for access to the system, training, or use of the system. However, the Provider must have the appropriate hardware and the technical capability to utilize RWIS and upload necessary documents. County staff reserves the right to change or enhance the RWIS in use and require Providers to comply with the system changes.

Item	Computer System as applicable (minimum requirements)	Computer Running System, as applicable (recommended)
Operating System	MS Windows XP Professional or higher, with 1 GB RAM	Most current XP Professional (including Service Packs) with 4 GB RAM
Printer	Inkjet	Inkjet or Laser
Power Supply	Uninterrupted Power Supply (UPS)	Uninterrupted Power Supply (UPS)
Internet Access	High Speed Internet Access via Cable, FiOS or T1	High Speed Internet Access via Cable, FiOS or T1
Microsoft Internet Explorer	Internet Explorer 7.0 or greater	Internet Explorer 7.0 or greater
Scanner	Minimum resolution 300 dpi, duplex capability, max document size 8.5" x 14"	Maximum resolution 600 dpi, duplex capability, max document size 8.5" x 14"

9. Glossary

Service category definitions and unit of service definitions are included in Section C, Eligible Services below. Other terms are defined as follows:

- a. **Allocation:** The total dollar amount that may be expended for a specific service category.
- b. **Application:** An agency's plan/response for providing a proposed service.
- c. **BOCC:** Board of County Commissioners.
- d. **Care Council:** The West Central Florida Ryan White Care Council is the planning body for Part A and Part B funding. Care Council may also be referred to as Planning Council.
- e. **Client:** An individual determined eligible as described in the Ryan White Treatment Modernization Act and by the Care Council.
- f. **Early Identification of Individuals with HIV/AIDS (EIIHA):** a strategy for finding people who know they are HIV+ and helping them enter and remain in HIV-related medical care. More details are located within this document.
- g. **Grantee:** Hillsborough County.
- h. **Grant period Ryan White Part A:** March 1 – February 28.
- i. **Grant period Ryan White Part B & Emerging Communities:** April 1 – March 31.
- j. **Grant period State General Revenue:** July 1 – June 30.
- k. **Grant period HOPWA:** July 1 – June 30.

- l. **Grant period Minority AIDS Initiative (MAI)**: March 1 – February 28.
- m. **COUNTY**: The Hillsborough County Board of County Commissioners.
- n. **DEPARTMENT**: The Family and Aging Services Department of Hillsborough County government.
- o. **HOPWA**: Funding for case management services and housing assistance for eligible clients.
- p. **HRSA**: Health Resources and Services Administration, the division of the Department of Health and Human Services responsible for the Ryan White Treatment Modernization Act.
- q. **HUD**: Housing and Urban Development.
- r. **MAI: Minority AIDS Initiative**: Funds made available by the Congressional Black Caucus to target disproportionately infected and underserved minority populations.
- s. **Passing score**: Applicant must receive at least 70 points out of 100. If for any reason the total points available are decreased from 100 the passing score will be decreased proportionally.
- t. **Total Service Area (“TSA”)**: Includes Hillsborough, Pinellas, Pasco, Hernando, Polk, Highlands, Hardee, and Manatee Counties.
- u. **Unique Client Identification Number (“UCIN”)**: A number that is issued by the DEPARTMENT that will substitute for the client name to help ensure client confidentiality. The number will be used when reporting and billing to the DEPARTMENT.

10. **MULTIPLE APPLICATIONS**

If applying for funding for more than one of the eligible services listed or for more than one county, a separate Application must be completed and submitted for each service category and for each County. In addition, if applying for Part A, Part B, General Revenue, HOPWA, and/or MAI funds, separate applications must be completed and submitted for each funding source.

11. **FUNDING**

Be aware that Part A, Part B, General Revenue, HOPWA, and/or MAI funds have different contractual requirements. Applicants need to carefully review each of the contracts, which are included in Section G.

Funding Source: Funds for these projects are made available through Part A and Part B of the Ryan White Extension Act, and the State of Florida General Revenue funds, and HOPWA funds are through Housing and Urban Development (HUD). The Care Council makes allocations of Part A, Part B, General Revenue, and HOPWA funds.

Funding Allocations By County: The allocations for each county for each contract year are based on the proportion of AIDS cases in each county (as determined by the Centers for Disease Control), as a percentage of all AIDS cases in the EMA. Additionally, the amended Ryan White Extension Act requires that funds must be expended for services for women, infants, children and youth in an amount proportional to their representation in the infected population in the EMA. That proportion is 29.85% for this program year solicitation, which is an aggregate of all providers, not a specific requirement of each provider.

Funding period: Contracts will be effective the date approved by the BOCC and will be in effect until the date the grant contract period ends (as noted in the glossary), each contract will have 4 one-year renewal periods unless otherwise stated. However, the Grantee reserves the right to add funds under this RFA to any existing contract an applicant may have with Hillsborough County, Family and Aging Services Department. This option may be taken to reduce the financial burden of the PROVIDER and the Grantee of monitoring multiple contracts and processing multiple invoices for the same service under the funding source. Exercising this option may result in the PROVIDER having the contract for less than five years.

12. **RESTRICTIONS**

Cash payments to clients by service providers are prohibited.

Funds under this grant program shall be used only as a last resort for services not covered by other funding sources or programs, and cannot be used to replace local, state or federal funding for HIV health and support services.

There shall be no advance funding.

C. ELIGIBLE SERVICES

Decisions on allocations are the responsibility and authority of the Care Council, and cannot be changed by the Grantee, Hillsborough County. The Grantee is responsible for how and with whom to contract for the provision of the services based on the allocations of the Care Council. Other specific policy directives have been provided by Health Resources Services Administration (HRSA), Division of HIV Services (DHS), or the State of Florida Department of Health, Bureau of HIV/AIDS. Therefore, special conditions indicated in the definitions of the service categories below are not negotiable by Hillsborough County.

Applicants, who are applying to provide a service that is covered by Medicaid, must be Medicaid providers. Documentation of Medicaid participation must be included with each Application.

HEALTH CARE SERVICES

Outpatient/Ambulatory Medical Care with an Adherence/Education Component: Is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

The PROVIDER shall provide adherence assessments, training, education, and support associated with primary care services which may include but is not limited to education on adherence to medications and primary medical care through direct verbal dialog with individual clients and/or their family members. Provide patients with a number of education strategies including individual counseling and education, group education. All services are to be inclusive of the Outpatient/Ambulatory Medical Care office visit charge. If nutrition counseling services are provided they must be performed at the time of the office visit and be included in the office visit charge. All client level reporting documents required must be included in your office visit charge, under administrative costs. Laboratory fees will be reimbursed at the PROVIDERS acquisition cost for applicants who contract laboratory services with an outside lab company. For applicants who have in-house laboratory services they must attach a fee schedule, provided it is the same as the Medicaid rate.

Ryan White funds may not be used to subsidize the difference between the PROVIDER's actual cost and the reimbursement from Medicaid or other third party payors.

HRSA requires documentation of the following:

- Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van.
- Only allowable services are provided.
- Services are provided as part of the treatment of HIV infection.
- Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects.
- Services are consistent with PHS guidelines.
- Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center.

Documentation that tests are:

- Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider.
- Consistent with medical and laboratory standards.
- Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.

PART A FUNDING AVAILABLE:

Hernando County	\$78,475
Hillsborough County	\$1,937,525
Pasco County	\$102,000
Pinellas County	\$1,148,342

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County. The DEPARTMENT will be implementing a CPT code reimbursement structure in FY12/13 based on Medicare rates utilizing a multiplier and will work with the PROVIDER's to transition to the new fee structure. This will allow payments to be paid through a Third Party Administrator (TPA) which will provide for efficiencies.

AIDS Pharmaceutical Assistance (Local)-(Medications): A program established, operated and funded locally by a Part A EMA or a consortium to expand the number of covered medications available to low-income patients and/or to broaden eligibility beyond that established by a State-operated Part B or other State-funded Drug Reimbursement Program. Meaning prescribed medications and limited supplies directly related to health management of the HIV-infected client as prescribed by a physician.

A unit of **AIDS Pharmaceutical Assistance (Local)-(Medications) service** is defined as one prescription not to exceed a 30-day supply of prescribed HIV-related medication or prescribed item of related supplies for one eligible individual. **Mailing fee cannot exceed the cost of mailing the prescriptions.**

Ryan White funds may not be used to subsidize the difference between the PROVIDER's actual cost and the reimbursement from Medicaid or other third party payors.

HRSA required documentation that the Local AIDS Pharmaceutical Assistance Program (LPAP) drug distribution system has:

- A client enrollment and eligibility process
- Uniform benefits for all enrolled clients throughout the EMA or TGA
- A recordkeeping system for distributed medications
- A drug distribution system that includes a drug formulary approved by the local advisory committee/board
- A system for drug therapy management
- **Documentation that the LPAP is not dispensing medications as:**
 - A result or component of a primary medical visit.
 - A single occurrence of short duration (an emergency) without arrangements for longer term access to medication.
 - Vouchers to clients on a single occurrence without arrangements for longer-term access to medications.
- **Documentation that the LPAP Program is:**
 - Consistent with the most current HIV/AIDS Treatment Guidelines.
 - Coordinated with the State's Part B AIDS Drug Assistance Program.

PART A FUNDING AVAILABLE:

EMA	\$1,511,230
------------	--------------------

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the dispensing fee under this service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County. However, once prescriptions are adjudicated through a Third Party Administrator (TPA), the COUNTY will negotiate a lower dispensing fee with the PROVIDER.

Oral Health Services: Diagnostic and therapeutic services rendered by dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental hygienists, as well as licensed and trained dental assistants. Services include but are not limited to prophylactic treatment such as minor fillings and extractions, exams, x-rays, cleanings, gross scalings, root cleanings and polishings.

A unit of oral health Service is defined as each dental service performed for dentist billing by procedure code, if billing fee-for-service a unit is defined as each visit. For the purpose of reporting the PROVIDER must also report the number of visits.

Ryan White funds may not be used to subsidize the difference between the PROVIDER’s actual cost and the reimbursement from Medicaid or other third party payors.

HRSA requires documentation that:

- Oral health services are provided by general practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines.
- Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws.
- Clinical decisions that are supported by the American Dental Association Dental Practice Parameters.
- An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services.
- Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or Grantee under Part A.

PART A FUNDING AVAILABLE:

Hernando County	\$122,847
Hillsborough County	\$226,721
Pasco County	\$25,000
Pinellas County	\$168,850

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County.

Mental Health Services: psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in group or individual setting, and provided by a mental-health professional licensed within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

A unit of Mental Health Service for billing purposes is defined as one hour for individual or group counseling or any portion thereof. If it is a group session PROVIDER cannot charge one unit for each person attending the session, maximum amount billable is based on the length of the session divided across all individuals in the group session.

Ryan White funds may not be used to subsidize the difference between the PROVIDER’s actual cost and the reimbursement from Medicaid or other third party payors.

• Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State

•HRSA requires documentation of the existence of a detailed treatment plan for each eligible client that includes:

- The diagnosed mental illness or condition
- The treatment modality (group or individual)
- Start date for mental health services
- Recommended number of sessions
- Date for reassessment
- Projected treatment end date,
- Any recommendations for follow up
- The signature of the mental health professional rendering service

• Documentation of service provided to ensure that:

- Services provided are allowable under Ryan White guidelines and contract requirements

- o Services provided are consistent with the treatment plan

PART A FUNDING AVAILABLE:

Hillsborough County	\$123,614
Pasco/Hernando Counties	\$23,551
Pinellas County	\$101,138

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County

Substance Abuse Services (outpatient): Provision of treatment and/or counseling to address substance abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient health service setting by a physician or under the supervision of a physician, or by other qualified personnel.

Services limited to the following:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- **Services provided must include a treatment plan that calls only for allowable activities and includes:**
 - o The quantity, frequency, and modality of treatment provided
 - o The date treatment begins and ends
 - o Regular monitoring and assessment of client progress
 - o The signature of the individual providing the service and or the supervisor as applicable

A unit of Substance Abuse Service for billing purposes is defined as one hour for individual or group counseling or any portion thereof. If it is a group session PROVIDER cannot charge one unit for each person attending the session, maximum amount billable is based on the length of the session divided across all individuals in the group session.

Ryan White funds may not be used to subsidize the difference between the PROVIDER's actual cost and the reimbursement from Medicaid or other third party payors.

- **Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided**
- **Documentation through program records and client files that:**
 - o Services provided meet the service category definition.
 - o All services provided with Part A funds are allowable under Ryan White.
- Assurance that services are provided only in an outpatient setting.
- Assurance that Ryan White funds are used to expand HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling.
- Assurance that services provided include a treatment plan that calls for only allowable activities and includes:
 - o The quantity, frequency, and modality of treatment provided.
 - o The date treatment begins and ends.
 - o Regular monitoring and assessment of client progress.
 - o The signature of the individual providing the service and or the supervisor as applicable.

PART A FUNDING AVAILABLE:

Hillsborough County	\$150,000
Pinellas County	\$190,208

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the

PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County

Health Insurance Premium & Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles. These funds which will be used to pay health insurance premiums, co-payments and deductibles for eligible clients allowing the maintenance of enrollment and utilization of existing insurance programs. The successful applicant will receive request for payments on behalf of eligible clients for the services listed above from case managers who are authorized by the DEPARTMENT. Currently the program is administered as an enrollment based program utilizing AIDS Insurance Continuation Program (“AICP”) criteria, with clients being eligible to receive \$175.00 in co-payment assistance per month, and \$400.00 for private insurance premium assistance per month. The Care Council may set other client limitations or criteria and the PROVIDER will be required to implement those changes. The contract will be reimbursed on a line item budget, based on actual expenditures. Applicant must have the financial capability of fronting a large portion of funding in advance.

PART A FUNDING AVAILABLE:

EMA	\$516,500
-----	-----------

Medical Case Management: A range of client-centered services that link clients with health care and psychosocial services in a manner that ensures timely, coordinated access to medically appropriate levels of care and support services, continuity of care, on-going assessment of the client's and other family members' needs and personal support systems, and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, for inpatient facilities. Key activities include: initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, individualized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services. Case management applications must include a description of the application agency's case management training program, and demonstrate actions taken to reduce the paperwork requirements and increase time available for client interaction. Targeted minority case management must be addressed in each application under this service category. **Written assurances and documentation showing that case management services are provided by trained professionals who are either medically credentialed or trained healthcare staff and operate as part of the clinical care team.**

Activities that include at least the following:

- Initial assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Coordination of services required to implement the plan.
- Continuous client monitoring to assess the efficacy of the plan.
- Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary.

Service components that may include:

- A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services).
- Coordination and follow up of medical treatments.
- Ongoing assessment of the client's and other key family members' needs and personal support systems.
- Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments.
- Client-specific advocacy and/or review of utilization of services.

Medical Case Management (Inmate): in addition to the Case Management services defined above, these case managers are to prepare discharge plans within the last 60 days of discharge.

Medical Case Management (Specialty Care Center): The Care Council allocated funding for case management services specific to the Hillsborough County Specialty Care Center. In addition to the Case Management services defined above, the role of these case managers is to enroll eligible HIV+ clients in the Hillsborough County Indigent Health Care Plan, thereby relieving some of the burden on Ryan White funds.

A unit of Medical Case Management & Medical Case Management (Inmate) & (Specialty Care Center) service is defined as one client contact, specifying in-person or other. In addition to counting the number of encounters, report number of 15-minute units, and any portion thereof.

Ryan White funds may not be used to subsidize the difference between the PROVIDER's actual cost and the reimbursement from Medicaid or other third party payors.

PART A FUNDING AVAILABLE:

Hillsborough County	\$276,653
Hillsborough County (inmates)	\$79,893
Hillsborough County (Specialty Care Center)	\$127,767
Pasco/Hernando Counties	\$141,000
Pinellas County	\$508,613
Pinellas County (inmates)	\$82,598

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County.

Billing for case management services must comply with the following:

The following is text from a memo received from Bill Wilde, Medical/Health Care Program Analyst of the State of Florida Medicaid Program.

"...Case management should be calculated and billed as follows:

All time spent doing reimbursable case management for a specific client on the same date of service must be totaled, reflecting actual length of time. Prior to billing, this block of time must be converted to 15 minute units. Reimbursable case management that takes a portion of 15 minutes to provide can be billed as a 15 minute unit. Consider the following example.

DATE OF SERVICE	ACTIVITY	MINUTES
03/07/96	Phone call from emotionally distraught client dealing with a family crisis	10 minutes
03/07/96	Phone call to Education & Support provider to discuss client referral	5 minutes
03/07/96	Education and Support added to client's Plan of Care	5 minutes
03/07/96	Service Authorization Form completed and faxed to provider	6 minutes

A total of 26 minutes was spent doing management. Thus, the maximum billable amount of case management for 3/07/96 would be 2 units.

For each entry in the case narrative, there should be a corresponding note in the margin of the length of time spent. This will simplify billing procedures and achieve consistency in the way this important documentation is recorded in every case."

SUPPORT SERVICES

All service categories must abide by the current Service Caps per client, if applicable, and the Minimum Standards of Care established by the Care Council as well as any revisions, see Section G, Exhibit 2 and 4.

Non-Medical Case management services: include advice and assistance in obtaining medical, social,

community, legal financial, and other needed services. Non-medical case management does not involve coordination and follow up of medical treatments.

Non-Medical Case management (Eligibility): The Care Council allocated funding for non-medical case management services specific to processing Eligibility in accordance with the State of Florida's rule 64-D. Staff must attend any County or DOH trainings and follow all rules and guidelines in accordance with the eligibility rules. The contracted provider shall be liable for any payments made on behalf of a client deemed eligible by their case manager that are found to be ineligible by the COUNTY or the DOH.

A unit of Non-Medical Case Management (Eligibility) service is defined as one client contact, specifying in-person or other. In addition to counting the number of encounters, report number of 15-minute units, and any portion thereof.

Non-Medical Case management (Patient Assistance Program): The Care Council allocated funding for non-medical case management services specific to processing PAP (Patient Assistance Program) applications to assist clients in obtaining needed medications. The objective is to link eligible clients quickly to the PAP that is appropriate for the needed medication(s) which can include but is not limited to medications available through the AIDS Drug Assistance Program.

A unit of Non-Medical Case Management (Patient Assistance Program) is defined as one client contact, specifying in-person or other. In addition to counting the number of prescriptions obtained on behalf of the client, report number of 15-minute units, and any portion thereof for billing purposes.

PART A FUNDING AVAILABLE:

Hillsborough County (Eligibility)	\$90,000
Pinellas County (Eligibility)	\$90,000
EMA (Patient Assistance Program)	\$50,000

STATE GENERAL REVENUE FUNDING AVAILABLE:

Hillsborough, Pinellas, Pasco and Polk Counties (Patient Assistance Program)	\$50,000
---	-----------------

Maximum reimbursement rate: The DEPARTMENT will not reimburse in excess of a 5% increase above an applicant's existing contracted rate for the service category. If not currently funded for the service, the PROVIDER will not be reimbursed higher than 5% above the greatest contracted rate in the respective County.

D. SUBMISSION REQUIREMENTS and GENERAL TERMS

1. Hillsborough County will conduct a pre-submittal conference concerning this present RFA at the following place and time:

**The Children's Board of Hillsborough County
1002 E. Palm Avenue
Tampa, Florida 33605
Facility Phone (813) 229-2884
Thursday, September 29, 2011 at 1:30 p.m.**

2. Service providers seeking a contract under this RFA are required to submit applications as follows:
 - a. 1. One (1) original response/application.
 2. Three (3) copies of sections two (2) and three (3) only, **some attachments may need to be submitted in Sections 1, 2, and 3, provide copies in all necessary sections.**
 3. Response/application must be submitted in a sealed envelope with the applicant's name and marked: **SEALED RESPONSE FOR RFA # RW1-11.** The original signature of the service provider's authorized official must appear on the original application.
- b. Applications must be typed, double-spaced on 8 1/2" X 11" size paper only, and pages must be numbered.
- c. Applications must contain the information listed in number 22 of this section of the RFA.

- d. In order to be considered, applications must be received before the **deadline of 5:00 p.m., Friday, October 28, 2011**, at the following location:

**Family and Aging Services Department
601 East Kennedy Boulevard, 25th Floor
Tampa, Florida 33602**

Applications will not be accepted after the deadline.

- e. It is the Applicants responsibility to continually review the Family and Aging Services website to verify whether any Addendums have been issued. The website address is: <http://www.hillsboroughcounty.org/hss/resources/publications/home.cfm>
- f. Applicants applying to provide more than one service or county must submit a separate application for each service or each county. Applicants applying for Part A, Part B, and/or General Revenue funds, must also submit separate applications for funding source.
- g. If the applicant is awarded a contract the applicant agrees to execute a contract with the COUNTY. The contract shall be similar to the form contract included in Section G, Exhibit 4 of this RFA, except the contract to be executed shall be complete as appropriate for the service to be provided, audit language, computer databases/systems, additional financial requirements, security, confidentiality, the price per unit of service, units to be delivered, measurable outcomes, and any others deemed necessary by the COUNTY. The applicant agrees to be bound by all the terms and conditions set forth in the form contracts included in Section G of this RFA.
3. An award shall not be made to any applicant that receives more than \$500,000 in federally funded contracts that has not submitted a fiscal audit of applicant's preceding fiscal year prepared by an independent certified public accountant, that is complete and acceptable and demonstrates financial responsibility which shall be determined at the sole discretion of County staff. For those agencies who receive less than \$500,000 annually in federally funded contracts, an audited financial statement is still preferred, but an unaudited financial statement must be submitted for the County's review. If an unaudited financial statement is submitted, the corresponding tax return should accompany the documents, in addition to any notes to the financials.
4. Awards shall not be made to parties listed on the nonprocurement portion of the General Services Administration's "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with E.O.s 12549 and 12689, "Debarment and Suspension": (See 45 CFR part 76.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than E.O. 12549.
5. The delivery of said application prior to the deadline is solely and strictly the responsibility of the applicant.
6. Due to funding Hillsborough County may at its sole discretion negotiate with the PROVIDER regarding the funding, units of services and any other requirements deemed necessary by the COUNTY, however, all other contract requirements in the form contracts included in this RFA are not subject to negotiations. Hillsborough County may at its sole discretion add additional terms and requirements to the form contract based on new or additional requirements from the Grantor.
7. Failure to negotiate in good faith or to perform after the contract is awarded may result in debarment from future contracts with Hillsborough County.
8. The submission of an application shall be taken as prima facie evidence that the respondent has familiarized herself/himself with the contents of this RFA.
9. The applicant understands that pursuant to Section 119.07(3)(m), Florida Statutes, all applications submitted and accepted in response to this RFA are exempt from the Florida Public Records Law for a period of ten (10) days, from the date of their opening.
10. The COUNTY's RFA Evaluation Team reserves the sole right to request additional information and clarification of any information submitted.
11. The applicant described in the completed response shall be the person or entity who will perform the

services required by this RFA and subsequent contract. Said applicant will not be considered a COUNTY employee. The successful applicant shall be an independent contractor.

12. The applicant must sign the application(s), with his/her signature in full. When a corporation is an applicant, the officer signing shall set out the corporate name in full beneath which she/he shall sign his/her name and give the title of the corporate office held. The corporate application shall also bear the seal of the corporation. Anyone signing the application as agent must file with the application legal evidence of his/her authority to do so. Applicants who are non-resident corporations shall furnish to the COUNTY a duly certified copy of their permit to transact business in the State of Florida attached to their application.

13. The applicant is solely responsible for reading and completely understanding the contracts attached in Section G. of this RFA.

14. The applicant is solely responsible for reading and completely understanding the RFA requirements. **The RFA submission deadline will be scrupulously observed. Under no circumstances will applications delivered after the specified submission date and deadline time be accepted or considered. Late applications delivered by U.S. mail or other independent carrier will be returned to the respondent unopened with the notation: "This application was received after the deadline designated for the receipt of the applications."** The delivery of said application to the Department of Family and Aging Services prior to the deadline for submitting application stated in the RFA schedule is solely and strictly the responsibility of the Applicant. For informational purposes, the Applicant is hereby advised that United States Postal Service delivery is made to the County's Post Office Box. Such delivery is not made directly to the Health and Social Service Department street address even if the Applicant specifies the street address and/or even if Express Mail Service is utilized, therefore, use of the United States Postal Service may cause a delay in the receipt of said application. Applicants are cautioned to plan necessary delivery time accordingly. The COUNTY will in no way be responsible for delays caused by the United States Postal Service or for delays caused by any other occurrence. All proposals must be manually and duly signed by an authorized corporate officer, principal, or partner (as applicable). All applicants proposals must be marked:

SEALED RESPONSE FOR RFA# : RW1-11
TO BE OPENED AT DEPARTMENT OF FAMILY AND AGING SERVICES,
601 EAST KENNEDY BOULEVARD, 25TH FLOOR, TAMPA, FL 33602

15. An application may be withdrawn, on written request by the applicant in time for delivery in the normal course of business, prior to the deadline to receive applications. Negligence on the part of the applicant in preparing the application confers no right of withdrawal or modification of its application, after Hillsborough County has received the application. Applicants may not withdraw or modify a response after the designated deadline to receive applications. The applicant may not assign or otherwise transfer the application. The application will be in force for a period of 120 days after the opening date.

16. No interpretation of this Request for Applications will be made to any applicant orally. Every request for such interpretation must be in writing, addressed to the Hillsborough County Ryan White Program Manager, Family and Aging Services Department. To be given consideration, such requests must be received at least fifteen (15) calendar days prior to the deadline fixed for submitting applications. It is the Applicants duty to determine if any addenda was issued. Such interpretations and any supplemental instructions will be in the form of a written addendum which, if issued, will be posted at Family and Aging Services, 601 E. Kennedy Blvd., 25th Floor, Tampa, FL 33602 and will be sent to all prospective Applicants at the respective addresses furnished for such purposes. The DEPARTMENT takes no responsibility in assuring the applicants receive the written addenda. The DEPARTMENT will make every effort to have said addenda no later than ten (10) calendar days prior to the deadline fixed for submitting the applications. In addition, Applicants should not allow the submission of any addenda, no matter when received, to prevent them from submitting the application prior to the deadline. If requested, a copy of each addendum may be obtained by the prospective applicant or his/her representative at the Family and Aging Services Department, 601 E. Kennedy Blvd., 25th Floor, Tampa, Florida 33602. Failure of any applicant to receive any such addendum or interpretation shall not relieve said applicant from any obligation under her/his application as submitted. All addenda so issued shall be made available to all Applicants selected for contract negotiations and shall become part of any subsequent Agreement.

17. All documents resulting from this RFA and documents resulting from all subsequent activities under the resultant contracts shall become the property of the COUNTY. Notwithstanding the foregoing, the successful applicant under contract with the COUNTY, hereafter referred to as CONTRACTOR or PROVIDER where appropriate, may provide the COUNTY photocopies of records and other documents when legal requirements require the CONTRACTOR to maintain the originals in its facility.

18. No successful applicant may make any assignment of duties, in whole or in part, to any third party under the resulting contractual agreement between the parties without the prior written authorization of Hillsborough County.

19. The cost of preparing a response to this RFA shall be borne entirely by the applicant.

20. Hillsborough County, hereby notifies all Applicants that: Disadvantaged Minority Business Enterprises (DMBE's), and Disadvantaged Women Business Enterprises (DWBE's) will be afforded a full opportunity to participate in any award made by Hillsborough County pursuant to this Request for Applications and will not be subjected to discrimination on the basis of race, color, sex, or national origin. Hillsborough County prohibits any person involved in Hillsborough County contracting and procurement activities, as defined in Ordinance 00-37, to discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or marital status.

21. This document together with all exhibits and attachments constitutes the entire "RFA package." Said RFA package must be the basis upon which all applications are submitted. All completed responses to this RFA must be kept together and returned intact (sealed from public view) to the Hillsborough County Family and Aging Services Department at the specified time and place.

22. To apply the applicant must submit a complete application as well as any other document required by this RFA. Some items must be provided as attachments as outlined below. The Application will consist of:

1. Application Cover Sheet
2. Authorized Signature Page
3. Acknowledgement Page
4. Application Contents & Evaluation Criteria
5. Attachment I, Articles of Incorporation
6. Attachment II, Non-profit status
7. Attachment III, By-laws
8. Attachment IV, Board of Directors
9. Attachment V, Good Standing Certificate
10. Attachment Va, Partnership or Limited Partnership paperwork
11. Attachment VI, Organizational Chart
12. Attachment VII, Public Entity Crimes Statement
13. Attachment VIII& VIIIa, Civil Rights Status and Certification Regarding Lobbying
14. Attachment IX, Affirmative Action/Equal Employment Opportunity Policy Statement
15. Attachment X, Work Force Analysis
16. Attachment XI, Equal Employment Questionnaire
17. Attachment XII, Audit/Financial Statements*
18. Attachment XIII, Summary of Funding Sources
19. Attachment XIV, Pricing Schedule
20. Attachment XV, was intentionally omitted.
21. Attachment XVI, Medicaid Monitoring Report
22. Attachment XVII, Collaborative Agreements
23. Attachment XVIII, Job Descriptions
24. Attachment XIX, Staff licensure or certifications
25. Attachment XX, Insurance coverage
26. Attachment XXI, Budgets (Condition of Award Budget, Categorical Budget, Budget Narrative)

*In the event an applicant receives federal funds and is otherwise required to conduct an audit in accordance

with the applicable OMB Circular, Program Audit Guide or Government Auditing Standards, applicant shall submit a copy of said audit for the preceding fiscal year. In the event applicant receives state funds and is otherwise required to conduct an audit in accordance with Section 215.97, Florida Statutes, applicant shall submit a copy of said audit for the preceding fiscal year. For those agencies who receive less than \$500,000 annually in federally funded contracts, an audited financial statement is still preferred, but an unaudited financial statement must be submitted for the County's review. If an unaudited financial statement is submitted, the corresponding tax return should accompany the documents, in addition to any notes to the financials.

23. PROVIDER and staff must possess all required State of Florida licenses, as well as appropriate County licenses, and shall comply with all laws, ordinances, and regulations applicable to the services for which it is contracting.

24. Applicants understand and agree to comply with all applicable federal, state, and local laws and regulations.

25. If any term or provision of this RFA and subsequent contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be deemed stricken, provided the parties are not materially prejudiced thereby.

26. The laws, rules, and regulations of Florida shall govern this RFA; or when the services provided are funded by the United States, the laws, rules, and regulations of the United States Government shall govern this RFA.

27. All requirements, terms, attachments and exhibits contained in this RFA document are incorporated into any resulting contract with the COUNTY by this reference.

28. The award of the Application and continuation of resulting contract will be contingent upon the availability of funds to Hillsborough County.

29. In addition to all other attributes that an applicant must possess regarding the requirements detailed within the pages of this RFA and pursuant to the precepts of public bidding, the Applicant must have the capacity (including the knowledge, skill, and general ability) to fully perform. Likewise, the Applicant must possess the integrity, reliability, and other qualities as will assure good faith performance. Accordingly, the Applicant should submit (as a part of the Applicant's application) such clear and convincing documentation and other suitable evidence as will substantiate, to the County's satisfaction, this degree of responsibility.

30. Hillsborough County reserves the right to reject any or all applications; to re-advertise this RFA, in whole or in part; to postpone or cancel this process; to waive irregularities in the RFA process; and to change or modify the project schedule at any time.

31. Where applicants have erasures or corrections, the Applicant must initial each erasure or correction in ink. In case of unit price contracts, if an error is committed in the extension of an item, the unit price as shown in the Pricing Schedule will govern.

32. **RFA CONTACT PERSON**

Inquiries and written requests for interpretation of this Request for Applications should be directed to:
Aubrey Arnold/Ryan White Program Manager
Family and Aging Services Department
3402 N. 22nd Street
Tampa, Florida 33605

Tel: (813) 272-6935 FAX: (813) 272-7203

E-Mail: arnolda@Hillsboroughcounty.org

E. APPLICATIONS EVALUATION

Evaluation of the applications accepted in response to this RFA will be conducted by an RFA Evaluation Team made up of Persons Living With HIV or AIDS, COUNTY staff, staff of other Part A or Part B administration/lead agencies, which will include personnel with expertise in health, social services, cost accounting/budgeting, and

any other individuals deemed appropriate by the Ryan White Program Manager. The Ryan White Program Manager will supervise and monitor the evaluation process. Additional persons may be asked to participate in the RFA Evaluation Team process on an advisory basis.

Based on County Policy, the COUNTY and/or the County Administrator will determine eligibility of applications according to the Organizations/Agencies Eligible to Apply and the Disqualification Criteria. County staff will notify those applicants who do not meet the mandatory eligibility requirements.

The obligations of the RFA Evaluation Team are as follows:

2. To rate all responsive applications based on the selection criteria set forth in this RFA.
 3. To (a) recommend to the COUNTY the agency/organization selected to provide services, and (b) to recommend special conditions under which funding will be granted if appropriate.
3. To review grievances and make recommendations to the County Administrator.

Applications will be evaluated based on the Selection Criteria and the Disqualification Criteria delineated in the following sections. In cases of ties in scoring, such factors as unit cost, cost per client served, matching funds committed, the proportion of administrative to direct service costs, and performance feedback from references will be used to determine funding recommendations. Applicants, who are currently under contract with the County for services funded by the Ryan White programs, will be additionally evaluated on their performance, their adherence to contract conditions, and the meeting of certain programmatic objectives. For points to be awarded for performance, it is required that all applicants be current Ryan White providers. A PROVIDER is considered current if they have had a Ryan White contract within the past two (2) fiscal years. Those service PROVIDERS whose applications are found non-responsive according to the Disqualification Criteria will receive a formal Notice of Disqualification. The RFA Evaluation Team will rate all remaining applications and the respective service PROVIDERS will receive a notification of the Evaluation Team's recommendations regarding their applications.

DISQUALIFICATION CRITERIA

Applications will be considered non-responsive for any one of the reasons listed below. Applications that are found non-responsive will be automatically disqualified from funding and will not be rated by the RFA Evaluation Team.

1. Failure to submit a response by the deadline of 5:00 p.m. on Friday, October 28, 2011.
2. Failure to propose to serve residents in one or more of the eligible counties within the eligible area.
3. Failure to apply for one of the eligible, funded services listed in this RFA.

SELECTION CRITERIA

Applications will be rated by the RFA Evaluation Team based on their responses to the requests for information in this RFA package. Additionally, if all applicants for a specific service category are current or previous (past 2 fiscal years) Ryan White PROVIDERS then the Ryan White office will assign points based upon contractual adherence.

It is the COUNTY's intention to solicit responses from potentially qualified applicants; to evaluate their applications and their financial information; to negotiate terms, and to award one or more contracts for services upon successful negotiation.

In order to achieve maximum scores, applicants must demonstrate to the COUNTY's Evaluation Team that they are fully qualified to provide the services required by this RFA. Fully qualified applicants will have the qualification (knowledge, education, training, expertise, and skills) and experience (documented, successful, and relevant) necessary to meet the requirements of this RFA.

It is the objective of the COUNTY to attempt to provide client choice within funding limitations, and may award contracts to one or more applicants whose applications are judged through evaluation and negotiation process to be in the best interest of the COUNTY. However, to be eligible for award, the applicant must obtain a passing score and meet the COUNTY's financial requirements.

The DEPARTMENT may attempt to fund multiple agencies if the specific category allocation is more than \$100,000 and there is more than one applicant. In some instances the DEPARTMENT will determine that a program cannot function with limited funding and the highest ranked applicant may be the only one funded. The DEPARTMENT will start negotiations with the highest ranked eligible agency and work down until the funds are completely awarded.

The DEPARTMENT will implement a formula that will proportionally fund applicants based on their score, provided the allocation is more than \$100,000. If the allocation is more than \$100,000 but the program cannot function with limited funding the DEPARTMENT reserves the right to determine how many providers may be funded. If deviations from the formula are needed for any reason, they will be made at the sole discretion of the DEPARTMENT. The DEPARTMENT reserves the right, in some scenarios which involve an allocation in excess of \$100,000, where client choice is not paramount and the administrative costs would be significantly reduced, to recommend funding only one agency.

In summary, the COUNTY reserves the rights to:

1. Award a contract to more than one applicant.
2. Conduct pre-award discussions with any or all responsive and responsible applicants who submit proposals determined to be reasonably acceptable of being selected for award.
3. Make investigations of the qualifications of applicants as it deems appropriate.
4. Award contracts to the highest ranked applicant for the amount requested and continue to award additional applicants provided there is funding.

GRIEVANCE AND APPEAL PROCESS

Appeal Process: The appeal process is available for purposes of contesting the ranking of funding recommendations. The recommendations of the RFA Evaluation Team may be grieved using the following procedure:

A written appeal, documenting the substantive reason(s) for appeal, must be filed in writing with Ryan White Program Manager, not later than ten (10) working days after receiving notification of non-selection for funding recommendation. This process is not intended for Applicants to supplement their application or simply appeal the RFA Evaluation Team's funding recommendations. Appeals are limited to substantive issues related to the Evaluation Team's failure to follow the process for review and determination. The RFA Evaluation Team will consider timely appeals and recommendations presented to the County Administrator, or referred on to pursue the federally approved grievance procedure. Failure to comply with the appeal process time frame and requirements shall be deemed to be a waiver of applicant's right to appeal.

Grievance Procedures: Grievance procedures are only applicable for deviations from established model procedures under the Ryan White Treatment Modernization Act. The four instances when a grievance is applicable are:

- Deviations from the established contracting and awards process (e.g., the selection of a particular provider in a manner inconsistent with the Grantee's established procurement process).
- Deviations from the established process for any subsequent changes to the selection of contractors or awards (e.g., reallocations).
- Contracts and awards not consistent with Care Council established priorities and resource allocations made by the Care Council including any language regarding how to best meet those priorities.
- Contract and award changes not consistent with priorities and resource allocations made by the Care Council.

The grievance notice must be filed in writing with Ryan White Program Manager no later than ten (10) working days after public notification of the Grantee's funding recommendations. Ryan White Program Manager makes a preliminary determination that the grievance meets criteria and provides a grievance form to the grieving party. The process further requires the grievant to return the grievance form within ten (10) working days to initiate the non-binding grievance process. If deemed ineligible, the grievant is required to notify the Grantee that it still wishes to initiate the grievance process. Failure to comply with the grievance procedure time frame and requirement shall be deemed to have waived applicant's right to grieve.

AWARD PROCEDURE

The COUNTY shall be the final authority regarding matters of contractual fairness and reasonableness. Notwithstanding the foregoing, the COUNTY reserves the right to reject any or all applications submitted in response to this RFA and waive any informality concerning the application, whenever such rejection or waiver is in the best interest of Hillsborough County and when same is in conformance with standard competitive sealed bid procedures. The Care Council will be notified of the results of the application review process and the funding recommendations submitted to the Board of County Commissioners for contract awards. The decision of the Board of County Commissioners will be final.

This RFA does not commit Hillsborough County to award a contract or to pay any costs incurred in the preparation of an application in response to this RFA. The County reserves the right to accept or reject any or all applications received as a result of this RFA, to negotiate with any qualified source, or to cancel in part or in its entirety this RFA, if it is in the best interest of the County or the eligible and affected community.

The DEPARTMENT may attempt to fund multiple agencies if the specific category allocation is more than \$100,000 and there is more than one applicant. In some instances the DEPARTMENT will determine that a program cannot function with limited funding and the highest ranked applicant may be the only one funded. The DEPARTMENT will start negotiations with the highest ranked eligible agency and work down until the funds are completely awarded. Due to funding levels, certain negotiations may be necessary for price, units of service, and outcomes.

The DEPARTMENT will implement a formula that will proportionally fund applicants based on their score, provided the allocation is more than \$100,000. If the allocation is more than \$100,000 but the program cannot function with limited funding the DEPARTMENT reserves the right to determine how many providers may be funded. If deviations from the formula are needed for any reason, they will be made at the sole discretion of the DEPARTMENT.

If it is in the best interest of the COUNTY, the COUNTY reserves the right to award contracts to the highest ranked applicant for the amount requested and continue to award additional applicants provided there is funding, using the follow method. Due to funding levels, certain negotiations may be necessary for price, units of service, and outcomes with the applicant(s) with highest scores prior to submitting a contract recommendation to the Board of County Commissioners. If the County staff is unable to successfully negotiate a contract with the top ranked applicant, negotiations will be entered into with the next highest ranked applicant. Negotiations will continue in descending ranked order until a fair and reasonably contract price is negotiated.

CONTRACT AWARDS

The final decision regarding service provider funding under the grant programs will be made by the Hillsborough County Board of County Commissioners (BOCC). A contract in the form attached in Section G. will be executed between the BOCC and the providers selected to perform the services solicited in this RFA. The contract will be effective upon execution or as stated in the agreement and terminating at the end of the applicable grant budget. Some applications may be partially funded, and some qualified applications may be approved for funding under additional grant funds, depending on availability of funds.

REQUEST FOR APPLICATIONS RFA # RW1-11

RYAN WHITE TREATMENT MODERNIZATION ACT PART A, PART B,
GENERAL REVENUE, & HOPWA GRANT PROGRAMS

APPLICATION COVER SHEET

___ Original

___ Copy

APPLICANT AGENCY _____

AGENCY ADDRESS _____

CONTACT PERSON _____

PHONE _____ FAX _____

AGENCY TYPE: Government ___ Not-for-Profit ___ For Profit ___

SERVICE CATEGORY OF APPLICATION _____

FUNDING SOURCE UNDER WHICH APPLYING:

PART A _____ PART B _____

HOPWA _____ GENERAL REVENUE _____

COUNTY TO BE SERVED: ___ HARDEE, ___ Hernando, ___ HIGHLANDS, ___ HILLSBOROUGH,

MANATEE, ___ PASCO, ___ PINELLAS, ___ POLK

AMOUNT OF FUNDS REQUESTED: _____

CURRENT OR PRIOR PART A, PART B, GENERAL REVENUE, OR HOPWA PROVIDER:
YES _____ NO _____

ACKNOWLEDGMENT OF PROVIDER, IF A CORPORATION

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____ (Date) (Name of officer or agent, title of officer or agent)
of _____ a _____ corporation,
(Name of corporation acknowledging) (State or place of incorporation)

on behalf of the corporation, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced _____ as identifies and did certify to have knowledge (Type of Identification) of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date).

(Official Notary Signature and Notary Seal) Commission Number

(Name of Notary typed, printed or stamped) Commission Expiration Date

ACKNOWLEDGMENT OF PROVIDER, IF A PARTNERSHIP

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____, partner (Date) (Name of acknowledging partner or agent)
(or agent) on behalf of _____, a partnership. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced _____ as identification and did certify to have knowledge (Type of Identification)

of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date).

(Official Notary Signature and Notary Seal) Commission Number

(Name of Notary typed, printed or stamped) Commission Expiration Date

ACKNOWLEDGMENT OF PROVIDER, IF A GOVERNMENTAL ENTITY

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____, who (Date) (Name of person acknowledging)
personally appeared before me at the time of notarization, and is personally known to me or has produced _____ as (Type of Identification)

identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date).

(Official Notary Signature and Notary Seal) Commission Number

(Name of Notary typed, printed or stamped) Commission Expiration Date

Application Contents and Evaluation Criteria

THE FOLLOWING CONSTITUTE THE APPLICATION QUESTIONS ON WHICH YOUR REQUEST FOR FUNDING WILL BE RATED. PLEASE ANSWER EACH AS FULLY AS YOU CAN, ASSUMING THAT THE EVALUATORS ARE NOT FAMILIAR WITH YOUR AGENCY. PLEASE ANSWER THE QUESTIONS IN THE ORDER THEY ARE ASKED, TO ASSURE THAT YOUR ANSWER TO ANY PARTICULAR QUESTION IS NOT OVERLOOKED.

PAGE LIMITATIONS WILL BE LISTED AFTER EACH QUESTION, IF APPLICABLE. IF NO PAGE LIMITATIONS ARE ESTABLISHED, PLEASE PROVIDE THE INFORMATION REQUESTED.

SECTION 1 (10% of the points will be assigned to Section 1)

****Special note:** if an applicant has responded to Section 1 by providing the requested documents within Calendar year 2010 the applicant does not need to provide the requested items under this RFA. The applicant simply needs to state which RFA number the documents were provided. If the applicant has not provided the current documents within the time frame listed then they would need to provide all documents requested.**

Section 1.1 Agency Background/History/Organization

1. Attach a copy of your organization's Article of Incorporation, as **ATTACHMENT I**, if the agency has applied to the DEPARTMENT for funding within the last calendar year you do not need to attach this document as it is already on file.
2. Attach a copy of your organization's non-profit status, as **ATTACHMENT II**, if the agency has applied to the DEPARTMENT for funding within the last calendar year you do not need to attach this document as it is already on file.
3. Attach a copy of your by-laws as **ATTACHMENT III**, and a list of your current Board of Directors as **ATTACHMENT IV**, if the agency has applied to the DEPARTMENT for funding within the last calendar year you do not need to attach this document as it is already on file.
4. Attach a copy of your Good Standing Certificate issued by the State of Florida, as **ATTACHMENT V**. If a partnership, include a copy of your partnership agreement, list of all partners, and a limited partnership a certificate of limited partnership, as **ATTACHMENT Va**, if applicable.
5. Submit an organization chart, as **ATTACHEMENT VI**. Indicate the number of paid staff and volunteers, describe any advisory groups, and explain any legal relationships linking your agency to other agencies or organizations.
6. Complete and include the Public Entity Crimes Statement, as **ATTACHMENT VII**.
7. Complete and include the Civil Rights Status form, as **ATTACHMENT VIII.**, and complete and include the Certification Regarding Lobbying form as **ATTACHMENT VIIIa**.
8. For agencies of 15 or more employees, include your agency's Affirmative Action Plan or Equal Opportunity Policy Statement, signed and dated by the CEO or designated official, as **ATTACHMENT IX**.
9. Complete the Work Force Analysis form, as **ATTACHMENT X**.
10. Complete and include the Equal Employment Opportunity Questionnaire, as **ATTACHMENT XI**. The PROVIDER agrees to comply with the Hillsborough County Equal Opportunity Clause.

Section 1.2 Fiscal Management and Stability of Agency

11. If applicant receives more than \$500,000 in federally funded contracts they must submit an audit of applicant's preceding fiscal year prepared by an independent certified public accountant, that is complete and acceptable and demonstrates financial responsibility which shall be determined at the sole discretion of County staff. For those agencies who receive less than \$500,000 annually in federally funded contracts, an audited financial statement is still preferred, but an unaudited financial statement must be submitted for the County's review. If an unaudited financial statement is submitted, the corresponding tax return should accompany the documents, in addition to any notes to the financials. Attach your audit as **ATTACHMENT XII**. If the audit is more than 6 months old the applicant must also provide a copy of their financial statement for their most recent quarter end and a year end statement.
- 12 Describe what corrective action you have taken as a result of the audit findings and recommendations. If your organization does not have an audited financial statement, please indicate the reason why.
13. Describe any deficiencies or recent improvements in your in your fiscal management system, include

the number of employees involved in managing grants and preparing invoices.

14. What other funding does your agency have? Please list the Summary of Other Funding Sources form and attach as **ATTACHMENT XIII**.
15. Describe how your agency ensures that Ryan White Part A is not your agency's sole funding source. What plans do you have for the next three years that will increase your revenue? Include items such as fundraising efforts, other grants, or new service areas.
16. Provide your agency's Emergency Preparedness Plan.

SECTION 2 (65% of the points will be assigned to Section 2)

Section 2.1 Scope of Services

1. Clearly describe the project you are proposing to be funded under this RFA, and indicate your prior experience in delivering this service. On the Pricing Schedule indicate how many unduplicated clients you will serve for this service category annually, the number of units of service to be provided, cost per unit, and total cost of the project annually, attach as **ATTACHMENT XIV**.
2. If applying for Medical Case Management (MCM) please further describe your program and how it meets the following portion of the HRSA definition of MCM: trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters. Is your MCM staff medically credentialed, if not, how is your agency meeting this objective?
3. Describe how your agency has or will integrate EIIHA into its programs, services and activities.
4. If the service category is Medicaid eligible and you are a Medicaid/PAC Waiver Provider submit a copy of their most recent monitoring report of your agency as **ATTACHMENT XVI**.
5. What innovation, creativity, standards or best practices have been implemented by your agency in delivering the proposed service category?
6. How many written complaints did your agency receive from HIV clients last year?
7. Is this a new service for your agency? If so, please provide a time table for service delivery.

Section 2.2 Cultural Competency

8. Describe your target population, including minorities and under-served populations. Identify your target population by age, sex, race/ethnic group, income levels, and geographic area of the County. How will your agency provide culturally competent, culturally sensitive, and culturally linguistic services to the population? In what languages will you be able to provide services?
9. Describe your agency's efforts to ensure cultural diversity and sensitivity, including staff trainings, ratio of direct care staff to client mix in terms of racial/ethnic demographics, and your outreach methods to minorities clients to be served under this service category.

Section 2.3 Access and Location

10. What is the address(es) of the service location? How far is the location from your target population? Is the site on a bus route?
11. What are your hours of operation? **An extra 2 points will be given to applicants who are open after hours or open for business at least one hour early or late one day per week.** (Must be before 8am or after 5pm Monday through Friday, or offer weekend hours)
12. Identify the data collection methods to ensure client demographics will be reported accurately. Who will be responsible for maintaining client and service delivery data?
13. Describe and document any collaborative arrangements your agency has with other agencies that serve the HIV community as well the general population. Describe how they improve service, increase access, increase quality, maximize resources, and save money. Copies of relevant collaborative agreement should be included as **ATTACHMENT XVII**.
14. HRSA requires that all providers maintain appropriate relationships with entities in the EMA that constitute key points of access to the health care system for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their HIV status but who are not in care. These key points of access include emergency rooms, substance abuse treatment programs, detoxification programs, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV disease counseling and testing sites, mental health programs and homeless shelters. Discuss the key points of entry that are covered by your collaborative agreements.

Section 2.4 Staffing and Licensure

15. Provide job descriptions of all staff who will be billed under this grant, as **ATTACHMENT XVIII**.
16. Provide copies of appropriate licensure and/or certification for staff, attach as **ATTACHMENT XIX**.
17. Provide copies of appropriate insurance coverage for the service being proposed, submit as **ATTACHMENT XX**. If you do not have the current limits listed under Exhibit G #1, please provide documentation that your agency has the ability to provide the appropriate insurance coverage effective at the beginning of the contract period. Insurance limits for each service category are provided in Exhibit G.

Section 2.5 Agency Background

16. Describe the history of your agency. (2 pages)
17. State the overall goals and objectives of your organization. (2 pages)
18. Describe your agency's organizational and service growth since its inception. (2 pages)
19. If the service you are applying to provide is Medicaid eligible, document that you are a Medicaid provider. (2 pages)
20. Describe the methods by which you ensure client confidentiality, for both client records and client conversations. (2 pages)
21. Provide the qualifications and education requirements your agency uses in its hiring practices for the following positions: Executive Director, Fiscal Manager, HIV Program Manager or Supervisor. Please list the degrees required, years of experience, and specialized skills. Please answer in a concise narrative, job descriptions do not need to be attached. (2 pages)

SECTION 3 (25% of the points will be assigned to Section 3)

Section 3.1 Budget and Cost Effectiveness

1. Complete and include the Condition of Award Budget form attached as **ATTACHMENT XXI**. Complete and include the budget narrative which describes job duties for listed staff, and descriptions of other lines. The line item budget must be completed. Administrative costs cannot exceed 10% of the budget submitted, which includes rent and utilities. Travel expenses must comply with State of Florida standards and allowances for Part B and State General Revenue funding and COUNTY standards and allowance for Part A funding. Mileage shall not exceed the County rate for Part A funds and the State rate for Part B/GR and HOPWA funds. No out-of-state travel is allowable under this grant.
2. If the service you are applying for is to be reimbursed on a fee-for-service basis you must complete the Pricing Schedule, which includes the rate to be charged for this service. This was completed in number one of Section 2.1. Provide another copy in this section of **ATTACHMENT XIV**.

Section 3.2 Other funding Sources

3. If this is a current service that your agency provides, does your agency have any other funding for this specific service category?
4. Describe the procedures or billing practices that your agency will use to bill other third party payors such as Medicaid, Medicare, and Hillsborough HealthCare, to ensure Ryan White Part A, B, or General Revenue is payor of last resort.

Section 3.3 Prior Funding Experience

5. If your agency had Ryan White funding for this category in the past were any funds deducted from your contract in the reallocation process? If so, what percent? Or was your agency overspent? If so, by what percent?
6. Has your agency ever returned or requested to return any Ryan White funding prior to the expiration date of the Agreement for the service category in which you are preparing this application? This means you have given money back to the County early/prior to expiration and the County had to re-bid the services to find another service provider. Or, has the applicant ever had the Department opt to not renew an agreement? If so, please provide dates and circumstances.

(The remainder of page intentionally left blank.)

**SWORN STATEMENT UNDER SECTION 287.133(3)(a) FLORIDA
STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
[print name of the public entity]
by _____
[print individual's name and title]
for _____
[print name of entity submitting sworn statement]

whose business address is

and (if applicable its Federal employer Identification Number (FEIN) is _____.(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

- _____.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
 3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information within 3 years of signing this document, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
 4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(1), Florida Statutes means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents, who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a polling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
 5. I understand that a "person" as defined in Paragraph 287.133(1)(3), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services

let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. **[Indicate which statement applies.]**

____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in the management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime within 3 years of signing this document.

____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within 3 years of signing this document.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within 3 years of signing this document. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and a final order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order.]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY, AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.107, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[Signature]

Sworn to and subscribed before me this _____ day of _____ 20____.

Personally known _____

OR Produced identification Notary Public - State of _____

(Type of identification)

My commission expires _____

(Signature of Notary)

(Printed, typed, or stamped commissioned name of notary public)

Equal Employment Opportunity

The following two pages are Hillsborough County's Equal Employment Opportunity Clause, the provisions of which must be complied with by all contractors with the County, and the related applicable statutes, orders and regulations. Following that are the EEO/Civil Rights Status form that must be completed, a statement on sanctions and penalties, the Equal Employment Opportunity Questionnaire Instructions, and Work-Force Analysis that must be completed. It is mandatory that a copy of the agency's Affirmative Action Plan be attached (required if agency has 15 or more employees), and a copy of the agency's Affirmative Action/Equal Employment Opportunity Policy Statement is required for all applicants regardless of size. It is also very important to include the information requested concerning the ethnic makeup of the agency's Board of Directors and direct service staff.

HILLSBOROUGH COUNTY EQUAL OPPORTUNITY CLAUSE

During the performance of any Agreement resulting from this RFA, the selected applicant as CONTRACTOR agrees as follows:

- (1) **General:** The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, handicap or marital status. The CONTRACTOR will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, national origin, age, handicap or marital status. Such action shall include, but not be limited to: employment, upgrading, demotion, or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provision of this non-discrimination clause.
- (2) **Recruitment:** The CONTRACTOR will in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, handicap, or marital status.
- (3) **Unions:** The CONTRACTOR will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice advertising the labor union or worker's representative of the CONTRACTOR'S commitments under this assurance, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) **Compliance Reports:** The CONTRACTOR will maintain records and information assuring compliance with these requirements and shall submit to the designated Hillsborough County official timely, complete, and accurate compliance reports at such times and in such form containing such information as the responsible official or his designee may determine to be necessary to enable him to ascertain whether the CONTRACTOR has complied or is complying with these requirements. The CONTRACTOR will permit access to his books, records and accounts by Hillsborough County for purposes of investigation to ascertain compliance with such rules, regulations and orders. In general, the CONTRACTOR and subcontractors should have available racial and ethnic data showing the extent to which members of minority groups are beneficiaries under these contracts.
- (5) **Sanctions:** In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this contract or with any of such rules, regulations or orders, this contract may be canceled, terminated or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Hillsborough County contracts by rule, regulation or order of the Board of County Commissioners of Hillsborough County, or as otherwise provided by law.

- (6) Subcontractors: The CONTRACTOR will include the provisions of paragraphs 1 through 6 in every subcontract under this contract so that such provision will be binding upon each subcontractor. The CONTRACTOR will take such action with respect to any subcontractor as the contracting agency may direct as a means of enforcing such provisions including sanctions for non-compliance.
- (7) Federal Requirements: Ryan White Treatment Modernization Act formerly known as, Public Law 101-381 (Ryan White Comprehensive AIDS Resources Emergency Act of 1990) established the HIV Emergency Relief Grant Program under Part A. Funds are awarded to eligible areas through the Public Health Service Application process under two separate grants. One is based on the relative need of the area as reflected in the number of reported AIDS cases. The other is based on a proposal to effectively use supplemental funds. The Health Resources and Services Administration (HRSA), under the U.S. Department of Health and Human Services administers the program.

APPLICABLE STATUTES, ORDERS AND REGULATIONS

FEDERAL

- Section I of the Fourteenth Amendment to the United States Constitution.
- Title VI of the Civil Rights Act of 1964.
- Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972 and 1975.
- Civil Rights Acts of 1866 and 1870.
- Standards for a Merit System of Personnel Administration, 45 CFR 70.
- Revised Order Number 4, 41 CFR 60-2.10.
- Rehabilitation Act of 1973, P.L. 93-112.
- Interagency Agreement dated March 23, 1973.
- Executive Order 11914, Non-discrimination with Respect to the Handicapped in Federally Assisted Programs.
- Age Discrimination Act of 1967, P.L. 94-135
- Civil Rights Act of 1968, P.L. 90-284
- Veterans Readjustment Act.
- Section 14001 of the Consolidated Omnibus Budget Reconciliation Act of 1985, (State and Local Assistance Act of 1972, as amended)
- Office of Management and Budget Circular 102, Attachment O.
- Age Discrimination in Employment Act, as amended.
- Civil Rights Restoration Act of 1987.
- Federal Civil Rights Act of 1991.
- Americans with Disabilities Act
- General Accounting Procedures, 45 CFR, Part 74 and/or Part 92
- Clean Air Act, 42 USC 1857(h), section 306
- Clean Water Act, 33 USC 1368, section 508
- Executive Order 11738
- Environmental Protection Agency Regulations, 40 CFR, Part 15

STATE

- State Constitution, Preamble and Article I, Section 2 protects citizens from discrimination because of race, national origin, or religion, national origin, sex or physical disability.
- Florida Statutes, Chapter 112.042, requires non-discrimination in employment by counties and municipalities, because of race, color, national origin, sex, handicap, or religious creed.
- Florida Statutes, Chapter 112.043, prohibits age discrimination in employment.
- Florida Statutes Chapter 413.08, prohibits discrimination against the handicapped in employment.
- Florida Statutes, Chapter 448.07, prohibits wage rate discrimination based on sex.
- Florida Civil Rights Act of 1992, as amended

HILLSBOROUGH COUNTY

- Hillsborough County Ordinance #00-37, (Human Rights Ordinance) prohibits discrimination in housing, employment, public accommodations, and procurement and contracting.
- Hillsborough County Ordinance #83-9, (Homerule Charter) Article IX, Section 9.11, provides that no person shall be deprived or any right because of race, sex, age, national origin, religion, handicap, marital status, or political affiliation.

(Rev 02-01)

**APPLICANT'S FAILURE TO COMPLETE THE FOLLOWING
QUESTIONNAIRE MAY RESULT IN THE REJECTION OF
THE AGENCY'S APPLICATION**

EQUAL OPPORTUNITY QUESTIONNAIRE

INSTRUCTIONS

All Applicants are urged to carefully review the Equal Opportunity Questionnaire, and to reflect on it in relation to your company's employment and DM/DWBE practices.

Please note particularly that:

- (a) Where federally-assisted contracts are involved, the successful Applicant is bound Executive Order 11246, as amended by Executive Orders 11375 and 12086; and Federal Contract Compliance conditions contained in this package
- (b) Subsequent to notification of apparent low applicant status, the Applicant shall complete **ALL** forms of this Equal Opportunity Questionnaire if the total amount of this contract equals or exceeds \$10,000.
- (c) The Equal Opportunity Questionnaire shall be submitted with the DM/DWBE subcontracted agreements, if the submittal of such agreements are required. If DM/DWBE Program requirements are not applicable to the application, then the low applicant shall submit the Equal Opportunity Questionnaire within five days of notification of its apparent low applicant status.

If you have any questions, you may contact the Hillsborough County Economic Development Department, by telephoning (813) 272-7232.

**APPLICANTS FAILURE TO SUBMIT THESE PAGES WITH THE APPLICATION MAY RESULT
IN THE ENTIRE APPLICATION BEING REJECTED**

1. Name of business establishment:

2. Address (number of street):

3. City, State and Zip Codes:

4. Telephone number (with area code):

5. Name of Chief Executive Officer:

6. Title:

7. Name and title of your Equal Employment Opportunity Officer:

8. Do you have an Affirmation Action Plan and/or policy statement: YES [] NO []

If yes, does the plan cover Vietnam or Veterans and handicapped persons? YES [] NO []

9. Do you have an Internal Compliant Procedure for investigating and resolving EEO complaints made against your company? YES [] NO []

If no, would you be willing to comply with and use the County's complaint procedure? YES [] NO []

10. Who is responsible for handling complaints? _____

What is that person's title? _____

What is that person's telephone number? _____

11. Is your compliant procedure in writing? YES [] NO []

12. Do you provide a copy to all employees immediately after their employment? YES [] NO []

APPLICANT'S FAILURE TO SUBMIT THESE PAGES MAY RESULT IN THE ENTIRE APPLICATION BEING REJECTED

13. Do you advise your employees of their rights and responsibilities under EEO laws and regulations?
YES [] NO []

14. Are you willing to participate in EEO training provided by the Hillsborough County Economic Development Department under the Board of County Commissioners? YES [] NO []

15. Do you display EEO posters in places about your business normally available to your employees?
YES [] NO []

16. Are there any educational or formal training programs to enhance employment? YES [] NO []

17. List the recruitment sources your company relies upon when selecting new employees.

18. Does your company include a nondiscrimination clause in all executed subcontracts? YES [] NO []

19. Is your firm required to submit an EEO-1 report annually to the EEOC? YES [] NO []

If yes, submit a copy of the most recent report with this questionnaire. (If a current annual report was previously submitted, the applicant may disregard this requirement by providing the name of the project and RFA number to which the aforementioned EEO-1 report was attached.)

20. The successful applicant must submit a copy of the firm's current Affirmative Action Plan to the Economic Development Department within thirty (30) days of the contract award, or at minimum, the successful applicant should contact the Economic Development Department for technical assistance in developing an Affirmative Action Plan.

APPLICANT'S FAILURE TO SUBMIT THESE PAGES MAY RESULT IN THE ENTIRE APPLICATION BEING REJECTED

EQUAL OPPORTUNITY QUESTIONNAIRE

THE UNDERSIGNED APPLICANT BY THE SIGNATURE BELOW REPRESENTS THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. THE UNDERSIGNED APPLICANT BY SIGNATURE BELOW PROVIDES ASSURANCE TO HILLSBOROUGH COUNTY OF ITS COMPLIANCE WITH HILLSBOROUGH COUNTY'S AFFIRMATIVE ACTION PROGRAM REQUIREMENTS.

IN WITNESS WHEREOF, the undersigned parties have caused this Equal Opportunity Questionnaire to be executed by their duly authorized representatives.

ATTEST:

BY: _____

WITNESS
(Party)

Printed Name of Corporation or Individual

BY: _____

WITNESS

Signature of Authorized Corporate Officer of
Individual (Party)

-
Date Signed

Civil Rights Status

**THE APPLICANT'S FAILURE TO PROVIDE THE FOLLOWING
INFORMATION MAY RESULT IN THE REJECTION
OF THE AGENCY'S APPLICATION**

**HILLSBOROUGH COUNTY EQUAL EMPLOYMENT OPPORTUNITY,
AFFIRMATIVE ACTION REQUIREMENTS**

PROJECT: PROVISION OF HIV-RELATED HEALTH AND SUPPORT SERVICES

CIVIL RIGHTS STATUS

All respondents are requested to carefully review the following questions and provide responses as they relate to the respondent's own affirmative action and equal opportunity practices.

Please respond to the following:

- (a) Provide a copy of your organization's Affirmative Action Plan or Program. (Include if not previously submitted to the COUNTY within the past twelve months.)
- (b) Complete the attached Work-force Analysis by race/sex and EEO Category.
- (c) If your organization receives federal, state, or local funds, please list the source and dollar amount (Disregard if reported elsewhere in this RFA).
- (d) The name of the person designated as the organization's EEO representative.

- (e) Is the organization receptive to on-site reviews? ___Yes___No
- (f) Does the organization have a procedure for resolving discrimination complaints? ___Yes___No
- (g) Has your firm been charged with discrimination within the past eighteen (18) months? If yes, how many charges? What is the nature of the charges? When and where did they occur? ___Yes___No
- (h) Do you anticipate hiring additional staff to perform this contract? If yes, please provide the number and type of the anticipated positions. ___Yes___No
- (i) Please attach a copy of the organization's Affirmative Action/Equal Employment Opportunity Policy Statement (if agency has fewer than 15 employees), signed and dated by the firm's Chief Executive Officer or designated Authorized Official. (If not previously submitted to the COUNTY within the past twelve months.)

* A written Affirmative Action Plan or Program is required if the organization has fifteen (15) or more employees (see paragraph 3. on next page).

SANCTIONS AND PENALTIES

- (a) Failure to comply with the Equal Opportunity and Affirmative Action requirements adopted by the Board of County Commissioners of Hillsborough County may result in suspension or debarment of the organizations or individuals involved. Debarment for activity contrary to Hillsborough County Equal Opportunity and Affirmative Action requirements adopted by the Board of County Commissioners will be carried out according to the debarment procedures contained in the Hillsborough County Purchasing Manual. Affected organizations will be notified by registered mail of any suspensions or debarment. Debarment or suspension appeals may be made by the effected entity in accordance with the procedure set forth in the Purchasing Manual.
- (b) The Board of County Commissioners may reject any response to this RFA from entities who fail to submit the Equal Opportunity/Affirmative Action forms and documentation required therein. The Board of County Commissioners reserves the right to reject any non-responsive application.
- (c) The Board of County Commissioners also reserves the right to reject any response to this RFA from entities who have previously failed to perform properly and who have done so by commission or omission of an act of such serious or compelling nature that the act indicates a serious lack of business integrity or honesty or an equally obvious unwillingness to comply with applicable laws, rules, regulations, and ordinances.
- (d) Attach here a copy of the agency's Affirmative Action Plan (if 15 or more employees) **or** attach a signed and dated copy of the agency's Affirmative Action/Equal Employment Opportunity Policy Statement (if fewer than 15 employees).

WORK-FORCE ANALYSIS

COMPANY NAME: _____

JOB CATEGORY	**TOTAL EMPLOYEES		MALES					FEMALES				
	MALE	FEMALE	White	Black	Hisp	API	AI	White	Black	Hisp	API	AI
*Officials (Board Members) and Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Skilled Craftsmen												
Semi-skilled Operatives												
Laborers												
Service Workers												
TOTAL												

Minority Agency: Majority of Board ethnic minority and/or; **Majority of “service delivery” staff ethnic minority.

Hisp: Hispanic* API:Asian/Pacific Islander AI: American Indian

The job categories used herein are those categories required by the federal government and used in federal EO (1-6) reporting requirements.

CONDITION OF AWARD BUDGET

CONTRACTOR'S INFORMATION

MUST BE SUBMITTED WITH APPLICATION

AGENCY: _____

TYPE OF SERVICE: _____

Provide a brief description of the purpose of the contract: _____

NUMBER OF CLIENTS TO BE SERVED THIS YEAR: _____

ESTIMATED NUMBER OF UNITS OF SERVICE TO BE RENDERED: _____

Case Management Average Agency Caseload: _____

1. Are 51% of the Board of Directors racial/ethnic minority? _____yes _____no

2. Are 51% of professional staff racial/ethnic minority? _____yes _____no

3. A categorical budget must be submitted for each application submitted. The following categories must be defined in terms of dollars and must be justified in a budget narrative. (See next page)

CATEGORICAL BUDGET

SERVICE

ADMINISTRATION

Salaries*

Fringe Benefits**

Travel

Equipment

Supplies

Other: 1) Food Supplies

2) Telephone

3) Rent

4) Printing & Postage

5) Consultant Fees

6) General Liability Insurance***

7) Training

8) Accounting Services****

Contractual

TOTALS

TOTAL CONTRACT AMOUNT

* Gross Salaries

** Includes: FICA, Worker's Compensation, Health Insurance, etc.

*** This does not include Worker's Compensation.

**** The funds for an audit can only be used if the PROVIDER receives more than \$500,000 in Federal funds annually. If at any time the PROVIDER's Federal funding drops below \$500,000 the PROVIDER must notify the DEPARTMENT, provide a revised budget within 14 days, and the cost of the audit must be paid from non-Federal funds.

BUDGET NARRATIVE

Personnel

If the position is vacant, indicate such and provide estimated date when the position will be filled. Identify which positions will be paid by this grant. Identify total salary assigned to this position, percentage of time working for the grant and portion of salary paid by this grant.

Position Title: _____

Employee's Name: _____

Is this a New Position Yes _____ No _____?

Brief Description of

Duties: _____

Time devoted to this grant:

% _____

Total salary received by employee (including salaries from other agencies) \$ _____

Portion paid by this grant:

\$ _____

Other funding sources for the position

Position Title: _____

Employee's Name: _____

Is this a New Position Yes _____ No _____?

Brief Description of

Duties: _____

Time devoted to this grant:

% _____

Total salary received by employee (including salaries from other agencies) \$ _____

Portion paid by this grant:

\$ _____

Other funding sources for the position

Position Title: _____

Employee's Name: _____

Is this a New Position Yes _____ No _____?

Brief Description of

Duties: _____

Time devoted to this grant:
% _____
Total salary received by employee (including salaries from other agencies)\$ _____
Portion paid by this grant:
\$ _____
Other funding sources for the position

Position Title: _____
Employee's Name: _____
Is this a New Position Yes _____ No _____?
Brief Description of Duties: _____

Time devoted to this grant:
% _____
Total salary received by employee (including salaries from other agencies)\$ _____
Portion paid by this grant:
\$ _____
Other funding sources for the position

TOTAL SALARIES PAID BY THIS GRANT:
\$ _____

Fringe Benefits

Total FICA	\$ _____
Total Life/Disability Insurance	\$ _____
Total Retirement	\$ _____
Total Other (Describe)	\$ _____

TOTAL FRINGE BENEFITS UNDER THIS CONTRACT: \$ _____

PERCENTAGE OF FRINGE BENEFITS IN RELATION TO SALARIES: \$ _____

TRAVEL

Explain the travel that is anticipated during the budget period. Be specific.

TRAVEL MUST BE DIRECTLY BENEFICIAL TO THE GRANT.

Who is

traveling? _____

Where? _____

Reason: _____

(Indicate type of transportation and cost, registration fee (if required), lodging cost, meal costs (\$38/day allowed), ground transportation from/to airport.)

Total Out of Town Travel \$ _____

Local travel, indicate number of miles @.445 per mile: \$ _____

TOTAL TRAVEL TO BE PAID BY THIS GRANT: \$ _____

EQUIPMENT

List the items of equipment to be purchased and the purchase price.

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

TOTAL EQUIPMENT TO BE PAID BY THIS GRANT: \$ _____

Why is the equipment necessary? _____

Who will use this equipment? _____

If large dollars items, please present a cost versus lease analysis: _____

Supplies (Office supplies only)

Give a general description of the type of items classified as supplies: _____

TOTAL SUPPLIES TO BE PAID BY THIS GRANT: _____

\$ _____

Other

This category includes items such as rent, consultant fees, printing of brochures, telephone, postage, utilities, etc., (items that are not supplies or equipment.)

1) \$ _____

2) \$ _____

3) \$ _____

4) \$ _____

5) \$ _____

TOTAL OTHER TO BE PAID BY THIS GRANT:

\$ _____

SUMMARY OF FUNDING SOURCES

NAME OF CONTRACTOR: _____

PERIOD OF CONTRACT: _____

OBJECT CLASS CATEGORIES	PART A/	PART B/	TITLE III	TITLE IV	HOPWA	CITY AND/OR STATE	GENERAL OPER./ PRIVATE	TOTAL BUDGET
Personnel								
Fringe Benefits								
Travel								
Equipment								
Supplies								
Contractual								
Other								
TOTAL COSTS								

1. Combine amounts from all contracts.
2. State agency full name (no acronyms).
3. Headings of columns may be changed to accommodate other funding sources.
4. Object class categories may be changed to accommodate other line items.

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Name of Authorized Individual

Application or Contract Number

Name and Address of Organization

Pricing Schedule: RFA #RW1-11 (page 1 of 1)

Applicant Name: _____ Preparer's Name: _____

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Service Category	Unit of Service	Total number of Unduplicated clients to be served	Total number of units to be provided.	Cost per Unit	Total Cost (Column 4 times Column 5)
1. Outpatient/ Ambulatory Medical Care	Per visit				
2. Oral Health Care Complete this pricing list if fee-for-service or procedure code fee schedule on the following pages. Whichever is applicable.	Per visit				
3. Medications: Average Wholesale Price ("AWP") _____ 340 B Pricing	Per RX			N/A	N/A
_____ 340 B pricing	Per RX			N/A	N/A
_____ Dispensing Fee	Per RX				
_____ Mailing Fee (per RX Mailed)	Per RX				
4. Mental Health Counseling	Per Hour				
5. Substance Abuse Counseling	Per Hour				
6. Medical Case Management (Regular, Inmate, Specialty Care Center)	Per ¼ Hour				
7. Non-Medical Case Management (Eligibility or PAP)	Per ¼ Hour				

8. Health Insurance: _____ Co-pays paid-slotted clients	Per Co-pay			N/A	N/A
_____ Co-pays paid-wait listed clients	Per Co-pay			N/A	N/A
_____ Premiums/COBRA paid-slotted client	Per Premium/COBRA			N/A	N/A

RFA NUMBER: RW1-11

RFA TITLE: PROVISION OF OUTPATIENT AMBULATORY HEALTH AND SUPPORT SERVICES FOR HIV/AIDS PROGRAMS

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
D0120	Periodic Oral Examination	Each	
D0140	Limited Oral Evaluation - Problem Focused	Each	
D0150	Comprehensive Oral Evaluation	Each	
D0210	Intraoral - Complete Series (including bitewings)	Each	
D0220	Intraoral - Periapical - First Film	Each	
D0230	Intraoral - Periapical - Each Additional Film	Each	
D0240	Intraoral - Occlusal film	Each	
D0250	Extraoral - First Film	Each	
D0260	Extraoral - Each Additional Film	Each	
D0270	Bitewing - Single Film	Each	
D0272	Bitewings - Two Films	Each	
D0274	Bitewings - Four Films	Each	
D0290	Posterior - Anterior or Lateral Skull & Facial Bone Survey	Each	
D0330	Panoramic Film	Each	
D0470	Diagnostic Casts	Each	
D1110	Prophylaxis – Adult	Each	
D1120	Prophylaxis	Each	
D1203	Topical Application of Fluoride (Excluding Prophylaxis)	Each	
D1330	Oral Hygiene Instruction	Each	
D1351	Sealant - Per Tooth	Each	
D2110	Amalgam - One Surface, Primary	Each	
D2120	Amalgam - Two Surfaces, Primary	Each	

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
02130	Amalgam - Three Surfaces, Primary	Each	
02131	Amalgam - Four or More Surfaces, Primary	Each	
D2140	Amalgam - One Surface, Permanent	Each	
D2150	Amalgam - Two Surfaces, Permanent	Each	
D2160	Amalgam - Three Surfaces, Permanent	Each	
D2161	Amalgam - Four or More Surfaces, Permanent	Each	
D2330	Resin - One Surface, Anterior	Each	
D2331	Resin - Two Surfaces, Anterior	Each	
D2332	Resin - Three Surfaces, Anterior	Each	
D2335	Resin - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	Each	
D2385	Resin - One Surface, Posterior – Permanent	Each	
D2751	Crown, Porcelain/Base Metal	Each	
D2752	Crown, Porcelain/Noble Metal	Each	
D2791	Crown, Full Cast Base Metal	Each	
D2792	Crown, Full Cast Noble Metal	Each	
D2920	Recement Crowns	Each	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Each	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Each	
D2940	Sedative Filling	Each	
D2951	Pin Retention - Per Tooth In Addition To Restoration	Each	
D2954	Prefabricated Post And Core In Addition To Crown	Each	
D2970	Temporary (Fractured Tooth)	Each	

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
D3110	Pulp Cap - Direct (Excluding Final Restoration)	Each	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	Each	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	Each	
D3310	Anterior Root Canal (Excluding Final Restoration)	Each	
D3320	Bicuspid Root Canal (Excluding Final Restoration)	Each	
D3330	Molar Root Canal (Excluding Final Restoration)	Each	
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	Each	
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	Each	
D3353	Apexification/Recalcification - Final Visit (Includes Completed Foot Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Restoration, Etc.)	Each	
D3410	Apiceoectomy/Periradicular Surgery – Anterior	Each	
D3430	Retrograde Filling - Per Root	Each	
D4210	Gingivectomy or Gingivoplasty - Per Quadrant	Each	
D4211	Gingivectomy or Gingivoplasty - Per Tooth	Each	
D4220	Gingival Curettage, Surgical Per Quadrant, By Report	Each	
D4260	Osseous Surgery (Including Flap Entry And Closure) - Per Quadrant	Each	
D4341	Periodontal Scaling And Root Planing - Per Quadrant	Each	

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
D4355	Full Mouth Prophy Debridement	Each	
D5110	Complete Denture – Maxillary	Each	
D5120	Complete Denture – Mandibular	Each	
D5211	Upper Partial - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	Each	
D5212	Lower Partial - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	Each	
D5214	Lower Partial - Cast Metal Base With Resin Saddles (Including Any Conventional Clasps, Rests, Teeth)	Each	
D5410	Adjust Complete Denture – Upper	Each	
D5411	Adjust Complete Denture – Lower	Each	
D5421	Adjust Partial Denture – Upper	Each	
D5422	Adjust Partial Denture – Lower	Each	
D5510	Repair Broken Complete Denture Base	Each	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	Each	
D5610	Repair Resin Saddle Or Base-Partial Denture	Each	
D5620	Repair Cast Framework - Partial Denture	Each	
D5630	Repair Or Replace Broken Clasp - Partial Denture	Each	
D5640	Replace Broken Teeth - Per Tooth - Partial Denture	Each	
D5650	Add Tooth To Existing Partial Denture	Each	
D5660	Add Clasp To Existing Partial Denture	Each	
D5730	Reline Upper Complete Denture (Chairside)	Each	
D5731	Reline Lower Complete Denture (Chairside)	Each	

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
D5740	Reline Upper Partial Denture (Chairside)	Each	
D5741	Reline Lower Partial Denture (Chairside)	Each	
D5750	Reline Upper Complete Denture (Laboratory)	Each	
D5751	Reline Lower Complete Denture (Laboratory)	Each	
D5760	Reline Upper Partial Denture (Laboratory)	Each	
D5761	Reline Lower Partial Denture (Laboratory)	Each	
D5820	Interim Partial Denture (Upper)	Each	
D5821	Interim Partial Denture (Lower)	Each	
D7110	Extraction, Single Tooth	Each	
D7120	Extraction, Each Additional Tooth	Each	
D7130	Root Removal - Exposed Roots	Each	
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth	Each	
D7220	Removal Of Impacted Tooth - Soft Tissue	Each	
D7230	Removal Of Impacted Tooth - Partially Bony	Each	
D7240	Removal Of Impacted Tooth - Completely Bony	Each	
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	Each	
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	Each	
D7260	Oral Antral Fistula Closure	Each	
D7270	Tooth Re-Implantation And/Or Stabilization Of Accidentally Avulsed Or Displaced Tooth And/Or Alveolus	Each	
D7281	Surgical Exposure Of Impacted Or Unerupted	Each	

I. ITEM NO.	II. DESCRIPTION	III. UNIT OF MEASURE	V. UNIT PRICE IN FIGURES \$
	Tooth To Aid Eruption		
D7310	Alveoloplasty In Conjunction With Extractions - Per Quadrant	Each	
D7320	Alveoloplasty Not In Conjunction With Extractions - Per Quadrant	Each	
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedures	Each	
D9310	Consultation (Diagnostic Service Provided By Dentist Or Physician Other Than Practitioner Providing Treatment)	Each	

INSURANCE REQUIREMENTS

PROVIDER's Liability Insurance:

The PROVIDER shall procure and maintain such insurance as will protect him from claims under Workers' Compensation laws, disability benefit laws or other similar employee benefit laws; from claims for damages because of bodily injury, occupational sickness or disease, or death of his employees including claims insured by usual personal injury liability coverage; from claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees including claims insured by usual personal injury liability coverage; and from claims for injury to or destruction of tangible property including loss of use resulting therefrom, any or all of which may arise out of or result from the PROVIDER'S operations under the Contract Documents, whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by any of them or for whose acts any of them may be legally liable. This insurance shall be written for not less than any limits of liability specified in the Contract Documents or required by law, whichever is greater, and shall include contractual liability insurance. Before starting the work, the PROVIDER will file with the COUNTY certificates of such insurance, acceptable to the COUNTY; these certificates shall contain a provision for cancellation as found in paragraph 5 of Section B immediately below.

Insurance Required:

A. General

Before starting and until acceptance of the Work by the COUNTY, the PROVIDER shall procure and maintain in force insurance of the types and to the limits specified in paragraphs B. 1. through 5. below. All policies of insurance under this contract shall include Hillsborough County and its employees as additional insured. All policies shall provide for separation of insured's interests such that the insurance afforded applies separately to each insured against whom a claim is made or a suit is brought.

B. Coverage

The PROVIDER shall procure and maintain, during the life of this Contract, the following types of insurance coverages written on standard forms and placed with insurance carriers licensed by the Insurance Department of the State of Florida and approved by Hillsborough County. The amounts and type of insurance shall conform to the following requirements:

1. **Professional Liability:** \$1,000,000 each occurrence. **(For all medical care applicants).**

2. **Commercial General Liability:** \$1,000,000 each occurrence. **(For all applicants).**

3. **Business Automobile Liability:** \$1,000,000 each occurrence. **(For all applicants who transport clients or agencies who have owned autos).**

4. **Workers Compensation:** As required by Florida Statute **(For all applicants).**

5. **Certificate of Insurance and Copies of Policies:** Certificates of Insurance furnished by Hillsborough County evidencing the insurance coverage specified in the previous

paragraphs B. 1. through 4. inclusive, and on request of the COUNTY certified copies of the policies required shall be filed with the Family and Aging Services Department of the COUNTY on a timely basis. The required Certificates of Insurance not only shall list Hillsborough County as additional insured for the operations of the PROVIDER under this Contract (excluding the worker's compensation and professional liability policies), but shall name the types of policies provided and shall refer specifically to this Contract.

If the initial insurance expires prior to the completion of the Contract, renewal Certificates of Insurance shall be furnished twenty (20) days prior to the date of their expiration.

Cancellation – “Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the certificate holder.”

Project Title: REQUEST FOR APPLICATIONS FOR THE PROVISION OF HIV-RELATED HEALTH AND SUPPORT SERVICES FOR THE HILLSBOROUGH COUNTY FAMILY AND AGING SERVICES DEPARTMENT.

Reviewed, Insurance and Claims Management: N/A

INSURANCE REQUIREMENTS
For State Agencies

If the PROVIDER is a state agency or subdivision as defined by section 768.28, Florida Statutes, the PROVIDER shall furnish the COUNTY, upon request, written verification of liability protection in accordance with section 768.28, Florida Statutes. Nothing herein shall be construed to extend any party's liability beyond that provided in section 768.28, Florida Statutes.

Certificate of Insurance

The PROVIDER certifies that it maintains general and professional liability protection coverage through the Florida Casualty Insurance Risk Management Trust Fund, established pursuant to section 284.30, Florida Statutes, and administered by the state of Florida, Department of Insurance, or through J. Hillis Miller Health Self-Insurance Trust Fund, the J. Hillis Miller Health Center/Jacksonville Trust Fund, self-insurance programs created pursuant to section 240.213, Florida Statutes. Such protection is as described in section 768.28, Florida Statutes. This certification of insurance satisfies the requirements of article XII of this Agreement.

Project Title: REQUEST FOR APPLICATIONS FOR THE PROVISION OF HIV-RELATED HEALTH AND SUPPORT SERVICES FOR THE HILLSBOROUGH COUNTY FAMILY AND AGING SERVICES DEPARTMENT.

Pages 61-68 are intentionally left blank.

