

ADDENDUM NUMBER: ONE

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT
601 EAST KENNEDY BLVD, 16th FLOOR
TAMPA, FLORIDA 33602

DATE: **May 22, 2020**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant’s sealed Application.

ADDENDUM TO: **THE PROVISION OF ENDING THE HIV EPIDEMIC FUNDING-HEALTH EDUCATION RISK REDUCTION AND EARLY INTERVENTION SERVICES, FOR INDIVIDUALS WITH HIV DISEASE**

RFA NUMBER: **RW1-20**

RFA SUBMISSION DEADLINE DATE AND TIME: **Tuesday, June 9, 2020, 5:00 PM, EST.**

PLACE: Health Care Services Department, arnolda@HCFLGov.net

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

- 1. “What is the file size capacity you can send via email?”**
Per our Information & Innovation Office (IIO) we can receive a 20-megabyte file via email. Again, we recommend not waiting until the last minute to submit an Application incase there are delivery failures.
- 2. “Is there a grant dollar amount minimum to apply for?”**
There is no grant dollar minimum required to apply.
- 3. “Do you know the expected (or approximate) target numbers (monthly, quarterly or yearly) of individuals to be served?”**
This is a new grant and new programs with target populations, however eligible HIV+ individuals in need of the service should not be turned away. Since these are new programs we cannot establish numbers to be served in addition numbers served should correspond to the amount of funding requested by various applicants. Therefore, baseline numbers will be established during this first contract period.
- 4. “The Public Entity Crimes statement is included in the RFA (pages 27-28) with the other attachments but not listed as a required attachment on page 16. Is the Public Entity Crimes statement to be completed and submitted with the application? If yes, where should this be included or attached to in the application package?”**
The Public Entity Crimes Statement pages 27 & 28 were inadvertently left in the packet; however, their submission was removed from page 16 and the Application Contents and Evaluation Criteria. The Public Entity Crimes Statement is attached in all current agreements and will be included in any new agreements. Therefore, for the purposes of this RFA it does not need to be attached.

5. **“On page 12, the RFA says the “Department suggests programs such as the Department of Health (DOH)’s program of Antiretroviral Treatment and Access to Services (ARTAS) Intervention.” Are we required to use ARTAS in the provision of EIS under this EHE program, or can we use other methodologies on the CDC list of effective interventions for engaging PLWH in care and treatment?”**

ARTAS is a suggested model and a CDC model as well. However, in no way is an Applicant limited to the ARTAS model.

6. **“On page 14, point 13 under Section D Submission Requirements and General Terms, it indicates that the corporation officer signing the application “must file with the application legal evidence of his/her authority” to sign. Can you please clarify what documentation is considered acceptable legal evidence in this regard?”**

No separate document needs to be filed along with the Application. However, the Application must be signed by an individual who is authorized to bind the Applicant agency to an Agreement.

7. **“Can you clarify if we are required to submit our most recent financial Audit with the application?”**

No, Applicants are not required to submit an Audit for this RFA. If the Applicant is new and is recommended for funding, the Department will be requesting the Applicants most recent fiscal Audit. All funded Part A providers have Audits on file with the Department.

8. **“Is this grant specifically to serve new incidences/newly diagnosed? Assuming those already diagnosed would have previously received EIS and HERR?”**

This grant is to focus on newly diagnosed as well as those who have fallen out of care.

Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

Authorized Signature (Applicant)

Witness

Title of Person Signing Above

Typed Name of Firm, Corporation,
Business or Individual

Address

Telephone Number

(The remainder of page intentionally left blank.)