



**REQUEST FOR PROPOSALS (RFP) No. EHE-2223
FOR
ENDING THE HIV EPIDEMIC (EHE) INITIATIVE SERVICES:
HEALTHTEC, QUICK CONNECT, HOUSING STABILITY, AND MOBILE GO TEAMS**

PRE-PROPOSAL CONFERENCE TO BE HELD:

Monday, May 22, 2023 at 10:00 a.m. (local time)
(by virtual Zoom meeting - see Section 4.3 of this RFP document)

ISSUING DEPARTMENT:

Miami-Dade County, Office of Management and Budget – Grants Coordination
Stephen P. Clark Center
111 NW 1st Street, 22nd Floor
Miami, Florida 33128

COUNTY CONTACT FOR THIS SOLICITATION:

Daniel T. Wall, Assistant Director/RFP Contracting Officer
Miami-Dade County, Office of Management and Budget – Grants Coordination
111 NW 1st Street, 22nd Floor, Miami, Florida 33128
Telephone: (305) 375-4742
E-mail: HIV-AIDS@miamidade.gov

PROPOSAL RESPONSES DUE:

PROPOSALS ARE DUE AT THE ADDRESS SHOWN BELOW
NO LATER THAN WEDNESDAY, June 28, 2023, BY 2:00 P.M. (LOCAL TIME)
AT THE
CLERK OF THE BOARD OF COUNTY COMMISSIONERS
STEPHEN P. CLARK CENTER (SPCC)
111 NW 1st STREET, 17th FLOOR, SUITE 17-202
MIAMI, FL 33128-1905
(SEE NEXT PAGE FOR SPECIFIC SUBMISSION INSTRUCTIONS)

PROPOSAL SUBMISSION INSTRUCTIONS:

SUBMIT COMPLETE PROPOSAL TO:

Daniel T. Wall, Assistant Director, OMB & RFP Contracting Officer

In-person, hand-delivered OR by Federal Express (FedEx) mail delivery – must be received in the County Clerk’s Office no later than 2:00 p.m. (local time) on Wednesday, June 28, 2023, at:

**MIAMI-DADE COUNTY
CLERK OF THE BOARD OF COUNTY COMMISSIONERS
STEPHEN P. CLARK CENTER (SPCC)
111 NW 1st STREET, 17th FLOOR, SUITE 17-202
MIAMI, FL 33128**

IT IS THE POLICY OF MIAMI-DADE COUNTY THAT ALL ELECTED AND APPOINTED COUNTY OFFICIALS AND COUNTY EMPLOYEES SHALL ADHERE TO THE PUBLIC SERVICE HONOR CODE (HONOR CODE). THE HONOR CODE CONSISTS OF MINIMUM STANDARDS REGARDING THE RESPONSIBILITIES OF ALL PUBLIC SERVANTS IN THE COUNTY. VIOLATION OF ANY OF THE MANDATORY STANDARDS MAY RESULT IN ENFORCEMENT ACTION. (SEE IMPLEMENTING ORDER 7-7)

THE CLERK OF THE BOARD BUSINESS HOURS ARE 8:00 A.M. TO 4:45 P.M., MONDAY THROUGH FRIDAY. THE CLERK OF THE BOARD IS CLOSED ON HOLIDAYS OBSERVED BY THE COUNTY. ALL PROPOSALS RECEIVED AND TIME STAMPED BY THE CLERK OF THE BOARD PRIOR TO THE PROPOSAL SUBMITTAL DEADLINE, AND SUBMITTED FOLLOWING OPTION #1 OR 2 ON PAGE 2 OF THIS RFP DOCUMENT, SHALL BE ACCEPTED AS TIMELY SUBMISSIONS. PROPOSALS WILL BE OPENED PROMPTLY AT THE TIME AND PLACE SPECIFIED. THE RESPONSIBILITY FOR SUBMITTING A PROPOSAL ON OR BEFORE THE STATED TIME AND DATE IS SOLELY AND STRICTLY THE RESPONSIBILITY OF THE PROPOSER. THE COUNTY WILL IN NO WAY BE RESPONSIBLE FOR DELAYS CAUSED BY MAIL DELIVERY OR CAUSED BY ANY OTHER OCCURENCE. ALL EXPENSES INVOLVED WITH THE PREPARATION AND SUBMISSION OF PROPOSALS TO THE COUNTY, OR ANY WORK PERFORMED IN CONNECTION THEREWITH, SHALL BE BORNE BY THE PROPOSER(S). REQUESTS FOR ADDITIONAL INFORMATION OR INQUIRIES MUST BE MADE IN WRITING AND RECEIVED BY THE COUNTY'S CONTACT PERSON LISTED ABOVE. THE COUNTY WILL ISSUE RESPONSES TO INQUIRIES AND ANY CHANGES TO THIS SOLICITATION IT DEEMS NECESSARY IN WRITTEN ADDENDA ISSUED PRIOR TO THE PROPOSAL DUE DATE. PROPOSERS WHO OBTAIN COPIES OF THIS SOLICITATION FROM SOURCES OTHER THAN THE COUNTY'S OFFICE OF MANAGEMENT AND BUDGET-GRANTS COORDINATION OR ITS WEBSITE AT <https://www.miamidade.gov/grants/RFP/EHE-2223/EHE-2223-email-login.asp>. RISK THE POSSIBILITY OF NOT RECEIVING ADDENDA AND ARE SOLELY RESPONSIBLE FOR THOSE RISKS.

MIAMI-DADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, ANCESTRY, NATIONAL ORIGIN, SEX, PREGNANCY, AGE, DISABILITY, MARITAL STATUS, FAMILIAL STATUS, GENDER IDENTITY, GENDER EXPRESSION, SEXUAL ORIENTATION, VETERANS STATUS, SOURCE OF INCOME, OR ACTUAL OR PERCEIVED STATUS AS A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING.

THE RYAN WHITE PROGRAM AND THIS RFP SOLICITATION DOCUMENT ARE SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AS PART OF AN AWARD TOTALING \$12,511,122 FOR FISCAL YEAR 2023 (YEAR 4: MARCH 1, 2023 THROUGH FEBRUARY 29, 2024) SPECIFICALLY FOR ENDING THE HIV EPIDEMIC (EHE) COOPERATIVE AGREEMENT. YEAR 5 (MARCH 1, 2024 THROUGH FEBRUARY 28, 2025) OF THE EHE COOPERATIVE AGREEMENT IS ANTICIPATED TO BE NO LESS THAN THE AMOUNT IN YEAR 4, WITH UP TO FIVE (5) ADDITIONAL ONE-YEAR PROJECT YEARS, SUBJECT TO ONGOING CONGRESSIONAL APPROPRIATIONS AND AVAILABILITY OF FUNDS. ZERO PERCENTAGE (0%) OF THESE FUNDS WILL BE FINANCED WITH NON-GOVERNMENTAL SOURCES. THE CONTENTS OF THIS RFP SOLICITATION ARE THOSE OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF, NOR AN ENDORSEMENT BY, HRSA, HHS OR THE U.S. GOVERNMENT.

RFP No. - EHE-2223
FOR
ENDING THE HIV EPIDEMIC (EHE) INITIATIVE SERVICES:
HEALTHTEC, QUICK CONNECT, HOUSING STABILITY, AND MOBILE GO TEAMS

Table of Contents

<u>Section</u>	<u>Page</u>
<p>1.0 PROJECT OVERVIEW, TIMELINE, DEFINITIONS, AND GENERAL TERMS AND CONDITIONS <i>Provides an introduction to the Ending the HIV Epidemic (EHE) Initiative; lists the service categories Miami-Dade County plans to fund through this RFP solicitation; describes the purpose, background and funding source of the EHE Initiative; references the number of contracts to be awarded, the term of the agreement, the anticipated schedule of events (i.e., RFP timeline) for this RFP, and general information about Miami-Dade County’s procurement process; describes coordination of services with the Ryan White Parts A and B Programs; as well as defines words and expressions used in this RFP.</i></p>	5
<p>2.0 RFP REQUIREMENTS <i>References or describes eligibility to apply for the services identified in Section 3.0 of this RFP solicitation, restrictions on submitting multiple applications, the federal administrative cost cap, the Consolidated Appropriations Act requirements, contract management oversight, location of services, projected funding levels, computer capabilities, disqualification of proposals, and where to obtain copies of this RFP solicitation document.</i></p>	16
<p>3.0 SCOPE OF SERVICES <i>References or describes the general philosophy of service provision, the services that the County plans to deliver to program-eligible residents of Miami-Dade County, data source web links, client eligibility criteria, the maximum anticipated total award amount available for these services, the funding contingency, the clients to whom these services are to be provided (including special populations to be served), geographic accessibility, cultural and linguistic capabilities, performance improvement and clinical quality management requirements, corresponding national health and HIV initiatives, program income requirements, local Test & Treat / Rapid Access (TTRA) protocol, the program standards that apply to all subrecipients and standards that apply to subrecipients of specific service categories, reporting requirements, the payment and advance payment processes, and the Reallocations/Sweeps process.</i></p>	20

4.0	RESPONSE REQUIREMENTS AND RFP SUBMISSION INSTRUCTIONS FOR PROPOSERS	39
	<i>References or describes the timeline and submission deadline for this RFP, the designated contact person for this RFP (i.e., the RFP Contracting Officer), the Pre-Proposal conference timeline and process, additional information and addenda processes, proposal submittal, modification, or withdrawal requirements, the proposal cure period, costs incurred by proposers, preliminary screening and Due Diligence review procedures, point deductions for unresolved past performance or Due Diligence findings, the outline for the contents of the proposal responses (i.e., items/questions to be addressed in the RFP response), and audit requirements.</i>	
5.0	EVALUATION & SELECTION PROCESS	55
	<i>Lists and describes the evaluation/selection criteria and corresponding point totals for each section of this RFP solicitation document, the process that will be used to evaluate proposals, negotiations, contracting procedures, and rights of protest.</i>	
6.0	TERMS & CONDITIONS	64
	<i>References and describes general provisions, special terms and conditions, the contract award, contract term, and the contractual relationship that will exist between the successful Proposers and the County as it relates to funding restrictions, local, state, and federal requirements, audit requirements, client eligibility documentation, reporting requirements, participation in performance improvement and clinical quality management efforts, and program evaluation.</i>	
7.0	APPENDICES	69
	<i>References the documents in the appendices of this RFP solicitation document.</i>	
8.0	APPLICATION CHECKLIST	70
	<i>References the attachments that must be included in response to this RFP solicitation document, and the prescribed order in which to submit the attachments.</i>	

1.0 PROJECT OVERVIEW AND GENERAL TERMS AND CONDITIONS

1.1 Introduction, Services to be Funded, Purpose and Acknowledgment of Funding Source, Background, Coordination with Part A and Part B Services, Number of Contracts, and Term of Agreement

Introduction

This solicitation announces the opportunity to apply for a grant from Miami-Dade County using funding for the Ending the HIV Epidemic Initiative (EHE), as administered by the federal Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

Miami-Dade County, hereinafter referred to as “the County,” as represented by the Miami-Dade County Office of Management and Budget-Grants Coordination, is soliciting proposals from one or more qualified and experienced, public or private, non-profit and other, health and/or support service providers (subrecipients), hereinafter referred to

as “the Proposer,” to provide program-allowable services to program-eligible people with HIV in Miami-Dade County, through one or more of the following service categories. HealthTec, Quick Connect, and Housing Stability services are prioritized to be funded first, subject to ongoing appropriations by Congress and adequate funding from HRSA. Recommended awards under this RFP for the Mobile GO Teams component are dependent upon the federal EHE amount awarded to Miami-Dade County in Years 4 through 5 of the cooperative agreement.

Services to be Funded (See Sections 3.2, and 3.17.1 through 3.17.4 for more details)

▪ **HealthTec Services:**

HealthTec services relate to telehealth services. HealthTec services are envisioned to be a comprehensive, multi-disciplinary team approach to provide holistic HIV/AIDS care, treatment adherence, retention in care, and wellness. Telehealth technology facilitated access shall include, but not be limited to, medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and other services as appropriate. Telehealth simplifies follow-up care and helps remove barriers to treatment adherence. Improved treatment adherence will lead to improved viral suppressions. This component reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two. Services include computer hardware and software needed to provide telehealth services in a secure, confidential format compliant with the Health Insurance Portability and Accountability Act (HIPAA).

▪ **Quick Connect Services:**

Quick Connect is an expansion of the local Test and Treat / Rapid Access (TTRA) process that was developed for the local Ryan White Part A/MAI Program. See **Appendix L** titled, “Test & Treat / Rapid Access – Miami-Dade County Overview for Medical Practitioners, Revised November 9, 2022,” subject to updates. Facilitating rapid access to medical care and antiretroviral therapy (ART), preferably same day but within seven (7) calendar days of HIV diagnosis, “may bring earlier benefits in personal health, and earlier reductions in the risk of onward transmission of HIV ... [and] rapid ART initiation has been shown to reduce time to linkage to care and viral load suppression.” (Source: Susa Coffey, MD, and Oliver Bacon, MD, MPH, AIDS Education and Training Center Program, National Coordinating Resource Center, “Immediate ART Initiation: Guide for Clinicians,” February 14, 2019, access 10/7/2019). This component reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two.

Additionally, Quick Connect services include promoting capacity building through HIV Education (e.g., academic detailing to provide education on the latest HIV clinical guidelines, referral options, and available resources) for non-RWP-funded medical practitioners and their staff. Countywide provider training is conducted in doctors’ offices, hospitals, urgent care centers, emergency rooms, clinics, and other community healthcare facilities with an ultimate goal of increasing routinized HIV screening as a part of standard practice.

The Recipient currently funds one Subrecipient to provide Quick Connect services throughout the central to downtown areas of the County. The Recipient is seeking to partner with one or more additional Quick Connect service providers to reach North Miami-Dade, the Beaches, West Miami-Dade, Kendall, and the southern-most geographic areas of the County.

Funded organizations will be expected to provide a warm hand-off for newly identified / referred clients to be connected (i.e., directly transported by agency staff) immediately or timely to ongoing HIV medical care and treatment, through an on-call response team and / or through the provision of transportation assistance [e.g., transport by funded organizations’ designated staff (Quick Connect Navigator); agency van services; County Special Transportation Services (STS); etc.]. Funded organizations will be expected to transport clients directly. Agencies might also include rideshare services, such as Uber or Lyft, as a solution of last resort.

- **Housing Stability Services:**

Housing Stability Services (“HSS”) will utilize a “housing is healthcare” and housing-first approach to provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain critical outpatient / ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Funded organizations will be required to 1) stabilize the client’s housing situation as the first priority and 2) then address any additional client needs. Providing housing support to clients under the EHE initiative will help ensure clients’ ability to secure and / or maintain safe, decent, and affordable housing. With less concern about their housing situation, clients can focus more attention on their adherence to HIV treatment. Numerous studies have shown that unstable housing status is independently associated with poor HIV health outcomes. By improving the housing status for people experiencing homelessness or housing instability, HSS will facilitate linkages to and retention in ongoing core medical and behavioral health services [i.e., medical care, antiretroviral medications (ARVs), medical case management, mental health counseling, substance use disorder services, etc.] available throughout the community. Services include rental and utility subsidies, moving incidentals, linkage to additional services, vocational and life skills support, and case management to develop and implement a plan to ensure ongoing housing stability by improving opportunities to increase client income through employment or access to SSI/SSDI Outreach, Access and Recovery (SOAR), securing permanent tenant based rental assistance, or placement in permanent supportive housing). HSS will be provided to EHE program-eligible individuals experiencing homelessness or housing instability for up to 24 months from each client’s enrollment, subject to available funding. Under the HSS project component, funded organizations will deploy HSS Team(s) to:

1. Make direct rent and utility payments and payments for associated incidentals necessary to facilitate moving (e.g., application fees, moving vehicles, equipment rentals, cleaning supplies/kits, packing basics, and other appropriate, pre-approved moving expenses.). All costs must be allowable, allocable, and reasonable in accordance with Uniform Guidance, 45 CFR part 75. Please note that HSS activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards. Please refer to HRSA Policy Clarification Notice (PCN) No. 16-02, which is attached hereto as Appendix M, for further information and program guidance.
2. Conduct a comprehensive assessment at intake to determine clients’ needs, skills, employability, etc. Funded organizations will either directly offer the provision of job readiness training (e.g., vocational, life skills training, etc.) or outsource these services to a named subcontractor.
3. Conduct an assessment of clients’ health status including viral load (VL) and make necessary referrals to HIV medical care and other healthcare programs and services, as appropriate.
4. Offer and, as appropriate, provide wraparound supportive services in alignment with clients’ goals and demonstrated unmet need, including the provision of housing sustainability planning.
5. Periodically monitor clients’ overall progress to provide further support and interventions as necessary.

- **Mobile GO Teams:**

Mobile GO Teams services seek to support the activities of the Florida Department of Health (FDOH) Miami-Dade County’s (MDC) (FDOH-MDC) Disease Intervention Specialists, through a mobile response unit, by increasing the Recipient’s ability to rapidly respond to HIV transmission clusters in the community using the local TTRA model; conduct outreach in high HIV incidence zip codes (also known as “hotspots”) and hardest

to reach client populations (e.g., people who are experiencing homelessness or unstably housed) to provide onsite medical assessments to identify people with HIV who are not in care and link them to care and treatment; and administer the new injectable ART treatment regimens. Funded organizations will conduct a procurement action to acquire a new or existing mobile unit including medical supplies and equipment to carry out the work under this project component. Staffing for the mobile unit must include a Physician or Advanced Practice Registered Nurse (APRN), a Community Health Worker, and a Driver / Attendant. Successful proposers will serve as a resource primarily to 1) respond to HIV outbreaks identified by FDOH-MDC (Pillar Four) and 2) to provide rapid access to care and treatment to identified clients not in care (Pillar Two) (i.e., not duplicating testing activities conducted by FDOH-MDC and focusing efforts on care and treatment).

Mobile response units may include the name of the organization on the vehicle used in service delivery; however, funded organizations are cautioned against using vehicle markings, signage or any displays otherwise that promote or identify services as HIV/AIDS-related. Given proper notice, proposing organizations must be able to quickly respond to emerging hotspots as identified by MDC in coordination with FDOH-MDC. If there are numerous barriers with reaching the service population, funded organizations may be required to implement a routine schedule. Mobile response units are NOT meant to be used at general community health fairs. Vehicle use must be targeted towards the specified high needs geographic areas and intended service populations. Proposing organizations must describe the required procedures that will be established so that the FDOH-MDC or the County can quickly mobilize the mobile response team to the affected hotspot(s) (i.e., single point of contact, hotline, etc.).

Proposers MUST have documented relevant experience in the service category(s) for which they are applying for funds.

Purpose

The national Ending the HIV Epidemic (EHE) initiative seeks to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States to less than 3,000 per year by 2030. The following is an excerpt from HRSA corresponding Notice of Funding Opportunity (NOFO) HRSA-20-078 (edited for formatting and clarity):

“The EHE Initiative has four pillars, or key strategies:

- Pillar One: **Diagnose** all people with HIV as early as possible;
- Pillar Two: **Treat** people with HIV rapidly and effectively to reach sustained viral suppression;
- Pillar Three: **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs); and
- Pillar Four: **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA and the Centers for Disease Control and Prevention (CDC), along with the National Institutes of Health (NIH) Centers for AIDS Research (CFARs), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating on the implementation of each of these Pillars. At the most general level:

- Pillar One is led by CDC and, among many activities, includes working with the HRSA Health Center Program to increase testing among Health Center Program patients;

- Pillar Two is led by HRSA and focuses on providing access to HIV care and treatment through the RWHAP and the Health Center Program, including working with CDC funded organizations and/or CDC staff to link people with HIV, newly diagnosed or re-identified through testing programs, to care;
- Pillar Three is co-led by CDC and HRSA with the HRSA Health Center Program focusing on providing PrEP related outreach, care coordination, medical services and medications supported by CDC efforts to promote PrEP among populations needing PrEP services as well as other prevention activities, such as syringe services programs (SSPs); and
- Pillar Four is led by CDC to rapidly detect HIV clusters and networks with support from the HRSA RWHAP and Health Center Program to provide HIV care and treatment or PrEP services through the Health Center Program, as applicable.

This HRSA HAB initiative is authorized under Section 311(c) of the Public Health Service Act, (42 U.S.C. § 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.), with the funding to be used in conjunction with the Ryan White HIV/AIDS Programs (RWHAP). As such, there is the opportunity for RWHAP funded under this announcement [i.e., NOFO HRSA-20-078] to have a broader approach to addressing HIV in their communities than what exists in services authorized by the RWHAP legislation. For example, for this Initiative, the only requirement for determining eligibility for service provision is that the individual has a documented HIV diagnosis; there is no requirement that individuals meet RWHAP eligibility requirements. In addition, funded recipients are not limited to using the RWHAP service categories for this initiative. Recipients [and by extension in this RFP, Subrecipients] are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdiction [e.g., Miami-Dade County].

Proposed activities may include, but are not limited to: increasing organizational capacity; information dissemination and public outreach; community engagement; implementation of emerging practices, evidence-informed and/or evidenced-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling; the provision of needed client services; and data infrastructure development and systems linkages.

Funded recipients [and by extension in this RFP, Subrecipients] will utilize these initiative resources in conjunction with the RWHAP Parts A and B systems of HIV care and treatment to develop, implement, and/or enhance innovative approaches to engaging people with HIV who are newly diagnosed, not in care, and/or not virally suppressed. In addition, [Subrecipients] will provide rapid access to a comprehensive continuum of high-quality care and treatment services.”

Miami-Dade County, as recipient of these funds, and any subrecipients funded under the RFP solicitation are “required to collaborate with the recipients of HRSA-20-079 Ending the HIV Epidemic: A Plan for America—Technical Assistance Provider (TAP) and HRSA-20-089 Ending the HIV Epidemic: A Plan for America—Systems Coordination Provider (SCP).” The TAP will provide technical assistance to Miami-Dade County and its EHE subrecipients on the “implementation of work plan activities, innovative approaches, and interventions.” The SCP will assist Miami-Dade County and its EHE subrecipients “in coordinating initiative planning, funding resources, and programs with existing HIV care delivery systems. In addition, the SCP will assist in the identification of existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the initiative.”

Background

The following is an excerpt from the corresponding NOFO HRSA 20-078:

Ending the HIV Epidemic

"In February 2019, the Administration announced a new initiative, [Ending the HIV Epidemic: A Plan for America](#). This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within 5 years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. This NOFO focuses on implementing activities in Pillar Two (Treat) and Pillar Four (Respond). The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (HIS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)."

How EHE Initiative Resources will be used in Conjunction with Part A and Part B HIV Systems of Care

When people with HIV are identified through Miami-Dade EHE efforts as being out of care, their eligibility for various support services and programs will be assessed. EHE resources will be used before Part A/MAI resources, where applicable. Those who are eligible for Ryan White Part A Program services (i.e., have income up to 400% of the Federal Poverty Level, reside in Miami-Dade County, and have no other resources to cover the care), as payer of last resort, will be connected to Ryan White Part A/Minority AIDS Initiative (MAI) Program-funded services using the local TTRA model. Those who qualify for Part B services will be directed to available Part B programs. Those who do not qualify for Ryan White Program services based on income or ability to access other payer sources such as Medicaid, Medicare, or private insurance will have the assistance of a community navigator under the Quick Connect component to connect them to ongoing medical care and treatment with priority for Miami-Dade County residents; as this is not currently a service that is readily available in the community. See **Appendix J** for a Federal Poverty Level guidelines table.

Anticipated Number of Awards and Term of the Agreement(s)

The County anticipates awarding one or more contracts as a result of this RFP solicitation process, for HealthTec, Quick Connect, and Housing Stability Services with a one-time option to renew for one additional year and one or more contracts for Mobile GO Teams services for an anticipated initial 3-month period, and up to six (6) one-year options to renew, at the County's sole discretion, based on contract performance, continued appropriations by Congress, and availability of adequate funds. The initial term of the contract(s) to be awarded shall be approximately three (3) months, commencing no less than ten (10) days after approval by the Miami-Dade County Board of County Commissioners and the County Mayor. The initial funding cycle is anticipated to begin on December 1, 2023, and continue through February 29, 2024. The option(s) to renew would be for 12-month budget period(s) beginning in March and ending in February of the subsequent grant fiscal year(s) for each respective service as delineated above.

1.2 Timeline

The anticipated schedule for this Solicitation is indicated in the table below. Any and all dates may be extended at the County's sole discretion.

05/08/2023, Monday	RFP No. EHE-2223 Released (12:00 noon local time) (Cone of Silence begins.) Here: https://www.miamidade.gov/grants/RFP/EHE-2223/EHE-2223-email-login.asp
05/22/2023, Monday	Pre-Proposal Conference (10:00 a.m. local time) – Zoom virtual meeting See front cover of this RFP document for date, time, and location and Section 4.3 for the Zoom link. Attendance is recommended but not mandatory. If you need a sign language interpreter, disability accommodations, or materials in an accessible format for this event, please contact the following person at the local Ryan White Program at least two (2) business days in advance of the Pre-Proposal Conference date: Ms. Courtney Gillens, at (305) 375-3753 or by email to Courtney.Gillens@miamidade.gov .
06/16/2023, Friday	Deadline for Receipt of Written Questions (5:00 p.m. local time)
6/20/2023, Tuesday	Final RFP Addendum posted to the following Miami-Dade County Office of Management and Budget – Grants Coordination (OMB-GC) webpage: https://www.miamidade.gov/grants/RFP/EHE-2223/EHE-2223-email-login.asp
06/28/2023, Wednesday	Proposal Submission Deadline (by 2:00 p.m. local time) – See page 2 of this RFP solicitation document for important submission instructions
6/29/2023, Thursday	Staff Review and Sorting of Proposals
07/17/2023, Monday	Selection Committee Kickoff Meeting and Training
07/17/2023 – 07/21/2023	Review/Selection Committee Process
08/07/2023, Monday	County Mayor Issues Preliminary Recommendations for Grant Awards
08/08/2023 – 08/25/2023	Appeals Process
09/15/2023, Friday	Mayor Makes Final Written Recommendations to Board of County Commissioners for Grant Awards [Cone of Silence is lifted (ends)]
10/10/2023 – 10/12/2023 (October Committee Cycle)	BCC Committee Approval of RFP No. EHE-2223 Recommendations
11/7/2023, Tuesday	BCC Approval of RFP No. EHE-2223 Grant Awards
11/13/2023 – 11/30/2023	Preliminary Contract Negotiation and Execution Process
12/01/2023, Friday	Anticipated Contract Period Begins

1.3 Definitions

The following words and expressions used in this Solicitation shall be construed as follows, except when it is clear from the context that another meaning is intended:

1. The words “advance payment” shall mean a payment that a Federal awarding agency or pass-through entity (i.e., Miami-Dade County) makes by any appropriate payment mechanism, including a predetermined payment schedule, before the non-Federal entity disburses the funds for program purposes.
2. The acronym “CFR” shall mean Code of Federal Regulations, that “codify the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.”
3. The word “County” to mean Miami-Dade County, a political subdivision of the State of Florida.
4. The word “Department” to mean the Miami-Dade County Office of Management and Budget-Grants Coordination.
5. The word “Employee” to mean any person paid by the Subrecipient to furnish part-time or full-time labor hours in connection with the services to the County as a result of this solicitation, whether directly or indirectly on behalf of the Subrecipient.
6. The words “Miami-Dade HIV/AIDS Partnership” or “Partnership” to mean the Miami-Dade HIV/AIDS Partnership established in accordance with Miami-Dade County Ordinance No. 98-127, as amended and codified in section 2-1101, *et seq.* of the Code of Miami-Dade County, Florida.
7. The word “Proposal” to mean the properly signed and completed written submission in response to this solicitation by a Proposer for the Services, and as amended or modified through negotiations.
8. The word “Proposer” to mean the person, firm, entity or organization, as stated on the Solicitation Submittal Form, submitting a response to this Request for Proposals (RFP) Solicitation.
9. The words “Recipient” or “Grantee” shall mean Miami-Dade County, which has received a grant award from HRSA and is responsible and accountable for the use of the funds provided and for the performance of the grant supported project or activity.
10. The words “Scope of Services” or “Scope of Work” to mean Section 3.0 of this RFP Solicitation and proposal responses to items in Section 4.0 of this RFP Solicitation, which detail the work to be performed by the Subrecipients.
11. The word “Solicitation” to mean this Request for Proposals (RFP) document, and all associated addenda and attachments.
12. The word “Subcontractor” to mean any person, firm, entity or organization, other than the employees of the Subrecipient, who contracts with the Subrecipient to furnish labor, or labor and materials, in connection with the services for the County as a result of this Solicitation, whether directly or indirectly, on behalf of the Subrecipient.
13. The word “Subrecipient” to mean an entity that receives a subaward from a Recipient or another subrecipient under an award of financial assistance and is accountable to the Recipient (grantee) or other subrecipient for the use of the Federal funds provided by the subaward.
14. The words “Work”, “Services”, “Program”, or “Project” to mean all matters and things that will be required to be done by the Subrecipient in accordance with the Scope of Services and the terms and conditions of this Solicitation.

1.4 General Proposal Information

This RFP is for the distribution of grants, and not subject to the County’s rules for the procurement of goods or services or the construction of public improvements. Although this is not a competitive procurement process as described above, the County has modeled this grantmaking process based upon the County’s normal procurement procedures and has expressly opted to incorporate some aspects of these rules herein.

The County may, at its sole and absolute discretion, reject any and all or parts of any or all responses; accept parts of any and all responses; further negotiate project scope and fees; postpone or cancel at any time this Solicitation process; or waive any irregularities in this Solicitation or in the responses received as a result of this process. In the event that

a Proposer wishes to take an exception to any of the terms of this Solicitation, the Proposer shall clearly indicate the exception in its proposal. No exception shall be taken where the Solicitation specifically states that exceptions may not be taken. Further, no exception shall be allowed that, in the County's sole discretion, constitutes a material deviation from the requirements of the Solicitation. Proposals taking such exceptions may, in the County's sole discretion, be deemed non-responsive. The County reserves the right to request and evaluate additional information from any respondent regarding respondent's responsibility after the submission deadline as the County deems necessary.

The submittal of a proposal by a Proposer will be considered a good faith commitment by the Proposer to negotiate a contract with the County in substantially similar terms to the proposal offered and, if successful in the process set forth in this Solicitation and subject to its conditions, to enter into a contract substantially to the terms herein. Proposals shall be irrevocable until contract award unless the proposal is withdrawn. A proposal may be withdrawn in writing only, addressed to the County contact person for this Solicitation, prior to the proposal due date or upon the expiration of 180 calendar days after the opening of proposals.

Proposers are hereby notified that all information submitted as part of, or in support of proposals will be available for public inspection after opening of proposals, in compliance with Chapter 119, Florida Statutes, popularly known as the "Florida Public Record Act." The Proposer shall not submit any information in response to this Solicitation which the Proposer considers to be a trade secret, proprietary or confidential. The submission of any information to the County in connection with this Solicitation shall be deemed conclusively to be a waiver of any trade secret or other protection, which would otherwise be available to Proposer. In the event that the Proposer submits information to the County in violation of this restriction, either inadvertently or intentionally, and clearly identifies that information in the proposal as protected or confidential, the County may, in its sole discretion, either (a) communicate with the Proposer in writing in an effort to obtain the Proposer's written withdrawal of the confidentiality restriction or (b) endeavor to redact and return that information to the Proposer as quickly as possible, and if appropriate, evaluate the balance of the proposal. Under no circumstances shall the County request the withdrawal of the confidentiality restriction if such communication would in the County's sole discretion give to such Proposer a competitive advantage over other proposers. The redaction or return of information pursuant to this clause may render a proposal non-responsive. To request public inspection of previously submitted proposals, please send the request by email to the EHE RFP Contracting Officer, Daniel T. Wall, at HIV-AIDS@miamidade.gov, with a copy to the Clerk of the Board at Clerk.Board@miamidade.gov.

Any Proposer who, at the time of proposal submission, is involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the Proposer under federal bankruptcy law or any state insolvency law, may be found non-responsible. To request a copy of any ordinance, resolution and/or administrative order cited in this Solicitation, the Proposer must contact the Clerk of the Board at (305) 375-5126.

1.5 Aspirational Policy Regarding Diversity

Pursuant to Resolution No. R-1106-15, Miami-Dade County vendors (i.e., Subrecipients) are encouraged to utilize a diverse workforce that is reflective of the racial, gender and ethnic diversity of Miami-Dade County and employ locally-based small firms and employees from the communities where work is being performed in their performance of work for the County. This policy shall not be a condition of contracting with the County, nor will it be a factor in the evaluation of solicitations unless permitted by law.

In addition and in accordance with 45 CFR § 75.330 of the Uniform Guidance, Miami-Dade County must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps must include: (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists; (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources; (3) Dividing total requirements, when

economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises; (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and (6) Requiring the selected staff support, if subcontracts are to be let, to take the affirmative steps listed herein.

1.6 **Cone of Silence**

Pursuant to Section 2-11.1(t) of the Code of Miami-Dade County, as amended, a "Cone of Silence" is imposed upon each RFP or RFQ after advertisement and terminates at the time a written recommendation is issued. The Cone of Silence prohibits any communication regarding RFPs or RFQs between, among others:

- potential Proposers, service providers, lobbyists or consultants **and** the County's professional staff including, but not limited to, the County Mayor and the County Mayor's staff, County Commissioners or their respective staffs;
- the County Commissioners or their respective staffs **and** the County's professional staff including, but not limited to, the County Mayor and the County Mayor's staff; or
- potential Proposers, service providers, lobbyists or consultants, any member of the County's professional staff, the Mayor, County Commissioners or their respective staffs **and** any member of the respective Competitive Selection Committee.

The provisions do not apply to, among other communications:

- oral communications with the staff of the Vendor Services Section, the responsible procurement Contracting Officer, provided the communication is limited strictly to matters of process or procedure already contained in the solicitation document;
- oral communications at pre-proposal conferences and oral presentations before Competitive Evaluation/Selection Committees during any duly noticed public meeting, public presentations made to the Board of County Commissioners during any duly noticed public meeting;
- recorded contract negotiations and contract negotiation strategy sessions; or
- communications in writing at any time with any county employees, official or member of the Board of County Commissioners unless specifically prohibited by the applicable RFP or RFQ documents.

When the Cone of Silence is in effect, all potential vendors, service providers, bidders, lobbyists and consultants shall file a copy of any written correspondence concerning the particular RFP or RFQ with the Clerk of the Board, which shall be made available to any person upon request. The County shall respond in writing (if the County deems a response necessary) and file a copy with the Clerk of the Board, which shall be made available to any person upon request. Written communications may be in the form of an e-mail to the RFP Contracting Officer, Daniel T. Wall, at HIV-AIDS@miamidade.gov, with a copy to the Clerk of the Board at Clerk.Board@miamidade.gov. The subject line of the email must reference this solicitation as EHE-2223, and include the RFP No. "EHE-2223" in the subject line.

Direct communication, **written or otherwise**, to individual Evaluation/Selection Committee members or to the Evaluation/Selection Committee as a whole are expressly prohibited. Any and all written communications regarding this RFP Solicitation are to be submitted **only** to the RFP Contracting Officer, Daniel T. Wall, **with a copy to the Clerk of the Board** at Clerk.Board@miamidade.gov.

All requirements of the Cone of Silence policies are applicable to this Solicitation and must be adhered to. Any and all written communications regarding the Solicitation are to be submitted only to the Procurement Contracting Officer with

a copy to the Clerk of the Board. The Proposer shall file a copy of any written communication with the Clerk of the Board. The Clerk of the Board shall make copies available to any person upon request.

1.7 Communication with Competitive Selection Committee Members

Proposers are hereby notified that direct communication, written or otherwise, to Competitive Selection Committee members or the Competitive Selection Committee as a whole are expressly prohibited. Any oral communications with Competitive Selection Committee members other than as provided in Section 2-11.1 of the Code of Miami-Dade County are prohibited.

1.8 Public Entity Crimes

Pursuant to Paragraph 2(a) of Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal for a contract to provide any goods or services to a public entity; may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work; may not submit proposals on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, subrecipient, or consultant under a contract with any public entity; and, may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

1.9 Lobbyist Contingency Fees

- a) In accordance with Section 2-11.1(s) of the Code of Miami-Dade County, after May 16, 2003, no person may, in whole or in part, pay, give or agree to pay or give a contingency fee to another person. No person may, in whole or in part, receive or agree to receive a contingency fee.
- b) A contingency fee is a fee, bonus, commission or non-monetary benefit as compensation which is dependent on or in any way contingent upon the passage, defeat, or modification of: 1) any ordinance, resolution, action or decision of the County Commission; 2) any action, decision or recommendation of the County Mayor or any County board or committee; or 3) any action, decision or recommendation of any County personnel during the time period of the entire decision-making process regarding such action, decision or recommendation which foreseeably will be heard or reviewed by the County Commission or a County board or committee.

1.10 Collusion

In accordance with Section 2-8.1.1 of the Code of Miami-Dade County, where two (2) or more related parties, as defined herein, each submit a proposal for any contract, such proposals shall be presumed to be collusive. The foregoing presumption may be rebutted by the presentation of evidence as to the extent of ownership, control and management of such related parties in preparation and submittal of such proposals. Related parties shall mean Proposer or the principals thereof which have a direct or indirect ownership interest in another Proposer for the same contract or in which a parent company or the principals thereof of one Proposer have a direct or indirect ownership interest in another Proposer for the same contract. Proposals found to be collusive shall be rejected. Proposers who have been found to have engaged in collusion may be considered non-responsible, and may be suspended or debarred, and any contract resulting from collusive bidding may be terminated for default.

A Proposer shall certify by completing and executing a Collusion Affidavit, attached hereto in **Appendix D**, that they are not related to any of the parties bidding in the competitive RFP, and that the Proposer's proposal is genuine and not a sham or is collusive or made in the interest or on behalf of any person not named in the Collusion Affidavit. The Proposer must also certify that they have not directly or indirectly induced or solicited any other proposer to put in a

sham proposal, or any other person, firm, or corporation to refrain from proposing. The Proposer shall further certify that they have not in any manner sought by collusion to secure to the Proposer an advantage over any other proposer. Include the **Collusion Affidavit** as **Attachment 13d** of the RFP application, if submitting at the same time as the RFP submission. **Failure to provide a Collusion Affidavit within five (5) business days after the recommendation to award has been filed with the Clerk of the Board shall be cause for the Subrecipient to forfeit their bid/proposal bond.**

2.0 RFP REQUIREMENTS

2.1 Eligibility to Apply

Eligibility to apply for funding under this RFP Solicitation is limited to non-profit [e.g., 501(c)(3)] and for profit organizations and other service providers who are qualified and experienced in healthcare and/or HIV/AIDS related issues, as appropriate and as follows:

- **For non-profit organizations:** An IRS letter of determination of a non-profit organization's 501(c)(3) status dated prior to the RFP submission deadline **must** be included as part of the agency's proposal submission, only if the proposer is a non-profit organization. **Include this documentation as directed in Section 8.0 of this RFP document.** The County, at its sole discretion, may consider any extenuating circumstances regarding the provision of required documentation if adequate justification, explanation, and supporting documentation is provided as it relates to IRS-related letters or forms, if applicable.
- **For for-profit organizations:** In accordance with HRSA Policy Clarification Notice (PCN) No. 11-02, Clarification of Legislative Language Regarding Contracting with for Profit Entities, restrictions apply to Proposers who are for-profit organizations, such that Ryan White Part A (and MAI) Program funds "may be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area." PCN No. 11-02 further states, "Parts A, B, and C Grantees [Recipients] and their contracting agents **may not** contract with non-profit and for-profits entities for the same service in the same geographic area unless qualified non-profit providers do not have the capacity to meet identified need. Please review HRSA PCN No. 11-02, which can be obtained at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hab-pl-1102.pdf>, for important details.

Miami-Dade County's Ryan White Part A/MAI Program established a local definition of "at capacity" to mean when a Part A/MAI-funded medical provider's client case load is so high that a Ryan White Program client needing an appointment is unable to obtain that appointment in a timely manner (i.e., in less than one month). It is the for-profit proposing organization's responsibility to provide enough relevant documentation to support that they are the "only provider of quality HIV care in the area" or to identify a "lack of capacity" in the geographic area where they intend to provide the same services as a non-profit organization. A non-profit organization wishing to subcontract with a for-profit individual, clinic, or organization also has the responsibility to provide sufficient documentation to support that the for-profit subcontractor is the only provider of quality HIV care in the area or documentation to support a lack of capacity in the geographic area where the for-profit entity intends to provide services.

2.2 Multiple Applications

Proposers may NOT submit multiple applications and will not receive more than one contract award under this RFP. Proposers wishing to apply for one or more service categories must do so in the same RFP submission as directed herein.

2.3 Administrative Cost Cap

The administrative cost cap per service category budget is 10% of the total award per service category. Budget amounts at the start of each grant fiscal year reset to the amount awarded per service category through this RFP Solicitation process, regardless of any budget amendments, reductions, or revisions during the grant fiscal year. At the end of the grant fiscal year Subrecipients may not report actual expenditures that exceed the 10% administrative cap computed against the total amount of funding received from the County per service category during the grant fiscal year. In other words, at the end of each grant fiscal year, the 10% administrative cost cap is applied to the total final expenditures (i.e., the total amount reimbursed by the County) per EHE Project service category.

In order for the local Ryan White EHE Project to allow for equitable distribution of indirect/administrative costs across all subrecipient budgets, the 10% administrative cost cap shall apply to each service category budget regardless of any approved Federal Indirect Cost Rate Agreement (FICRA) or Negotiated Indirect Cost Rate Agreement (NICRA) a subrecipient may have received.

2.4 Consolidated Appropriations Act

In accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328), the limitation on charging salaries to DHHS/HRSA grant funds is \$212,100 (Executive Level II salary cap in effect beginning January 1, 2023); and the allowable percentage to be charged is proportionate to the time and effort dedicated to services provided under each funded service category's corresponding line item budget. This reference and salary cap are subject to change with each annual update of the federal Consolidated Appropriations Act; usually each January.

2.5 Miami-Dade County Contract Management Oversight

The Miami-Dade County Office of Management and Budget-Grants Coordination is responsible for managing EHE funding in Miami-Dade County, including contract oversight, administration, and monitoring.

2.6 Location of Services

All proposed activities must be rendered within the geographic boundaries of Miami-Dade County and benefit Miami-Dade County residents who are people with HIV.

2.7 Projected Funding Levels

Projected funding levels for the initial contract awards under this RFP are expected to be for a 3-month period (December 1, 2023 through February 29, 2024); with up to six (6) one-year options to renew, at the County's sole discretion, subject to continued appropriations and a sufficient level of funding. The maximum **anticipated** total funding available for HealthTec, Quick Connect, Housing Stability Services, and Mobile GO Teams **for the initial contract period is as follows:**

Priority #	Project Component	Maximum Amount
1	HealthTec	\$2,076,266
2	Quick Connect	\$1,875,000
3	Housing Stability Services	\$2,250,000
4	Mobile GO Teams	\$1,000,000

Funding for the service categories in the table directly above is contingent upon the continued appropriation of these federal funds by Congress and ongoing availability of these cooperative agreement funds to the

County through federal contract awards from HRSA. The Mobile GO Teams component is included in this RFP and will be funded if the County receives sufficient funding from HRSA to cover the recommended award amounts. Should the County receive additional EHE funds, contracts will be amended so the funded organization(s) can increase capacity or expand their EHE projects. **See Section 3.16 of this RFP Solicitation document for a description of the Reallocations/Sweeps process which occurs multiple times during the grant fiscal year in order to maximize resources.**

2.8 Minimum Computer Capabilities

For the HealthTec component of this RFP solicitation document, Proposers must address hardware and software capabilities for the provision of telehealth services. Proposers must identify solutions that address client confidentiality and HIPAA compliance requirements utilizing remote connections.

In addition, Proposers must demonstrate an adequate management information system (MIS) capability and agree to use the County's Ryan White Program new MIS system (e.g., Groupware Technologies, LLC's Provide® Enterprise system). Subrecipient computers connecting to the County's Ryan White Program MIS system must have secure internet access.

The Provide® Enterprise (PE) system has two components: a server side and a client side. The PE server side is certified and runs on a Microsoft SQL Server 2016 server. The PE client-side software is certified to run on personal computers (PCs) running the Windows 8.1 or 10 operating systems. The PE client software also requires two other free software packages to be installed on any PC that has the PE Client software installed on it: Microsoft's Windows .NET Framework software and the Business Objects/SAP Crystal Reports Run Time Engine software. Both software components are integrated into the PE client software installation if they are not already installed on the user's PC. Firewalls are configured at Groupware Technologies, LLC's contracted data center to allow SQL traffic (TCP/IP Port 1433) from "trusted" source IP addresses. The data traffic is encrypted using TLS 1.2 or higher. To further protect the confidentiality of client health information, Miami-Dade County's PE database will be hosted in a FedRAMP and SOC 2 Type 2 Certified data center cloud.

Miami-Dade County will also work with EHE-funded subrecipient(s) to develop HL7 interfaces to obtain lab data (CD4 and viral load data, at a minimum), if appropriate to the EHE program design. A charge or cost for a HL7 interface set-up may be applicable and, if so, may be allocated to the Proposing organization's line item budget as an indirect/administrative cost.

Recommended system requirements to connect to the County's Ryan White Program MIS system are included in the table directly below:

Item	Recommended
Operating System	Microsoft Windows 8.1 or 10
Printer	HP Compatible/Inkjet or Laser printer
Power Supply	Uninterruptible Power Supply or Source (UPS)
Internet Access	High Speed Internet Access via Cable, FiOS or T1 Static IP address for office/clinic/home router, as appropriate, in order to "white list" the source IP address

Item	Recommended
Internet Browsing Software	Standard web browser, such as: <ul style="list-style-type: none"> • Microsoft Edge
Scanner	Twain drivers; minimum resolution 600 ppi, duplex capability, max document size 8.5" X 14"; multi-page scanning capacity

Upon contract award, authorized personnel from each contracted subrecipient agency will be provided access to the County's Ryan White Program MIS system, and will be provided training in its use. There will be no charge from the County's Ryan White Program for at least five (5) staff of each subrecipient agency to access and use of the system. However, there may be a limitation on the number of additional system users. Furthermore, the contracted subrecipient agency must have the appropriate hardware and technical capability to fully utilize the County's Ryan White Program MIS system, Provide® Enterprise. County staff reserves the right to change or enhance its Ryan White Program MIS system and require subrecipients to comply with any and all system changes.

2.9 Disqualification of Proposals

Due to Federal requirements, the Proposer(s) **must** submit a categorical (line item) budget (**Attachment 11a**), Federal Negotiated Indirect Cost Rate Agreement (if applicable) (**Attachment 11b**) and narrative budget justification (**Attachment 12**) using the object class categories listed below. **Appendices B.1 through B.5** provide a set of guidelines for the preparation of a narrative budget justification as well as examples of program-allowable direct and indirect/administrative costs for each service category. All expenses associated with the provision of the proposed service(s), including indirect/administrative costs, must be presented on the budget form using the object class categories identified below. A separate budget form is required for EACH service category. Failure to submit the categorical budget with the proposing organization's submission will **DISQUALIFY** the proposing organization's application from consideration by the Evaluation/Selection Committee for funding award recommendations.

Object Class Categories: 1) Personnel (Salaries and Fringe Benefits); 2) Contractual; 3) Supplies; 4) Travel (limited to local travel only, unless specifically approved otherwise by OMB-GC management for specific HRSA, program-related trainings/meetings which are subject to federal travel limitations); 5) Equipment (**NOTE:** purchases over \$5,000 per item must be pre-approved by OMB-GC management); 6) Other Direct Service Costs; and 7) Indirect/Administrative Costs. Indirect/Administrative Costs **may not exceed ten percent (10%) of the total funding required per service category.** Please see Appendix B5, Budget Narrative Instructions, for more details.

2.10 Copies of Solicitation Document

Hard copies of this Solicitation, RFP No. EHE-2223, may be requested by contacting/calling:

Miami-Dade County
Office of Management and Budget - Grants Coordination
Stephen P. Clark Center
111 NW 1st Street, 22nd Floor
Miami, FL 33128
(305) 375-4742

OR, an electronic copy of all RFP files and subsequent addendum may be downloaded, after registering as a potential proposer, at <https://www.miamidade.gov/grants/RFP/EHE-2223/EHE-2223-email-login.asp>.

3.0 SCOPE OF SERVICES

It is within the parameters of this RFP Solicitation that at the sole discretion of the County, the County may allow renegotiation of the contract scope within the same service category or priority area in executing contracts as provided for in this Solicitation, as deemed necessary during the term of the resulting contract award agreement in order to comply with local, state, and federal requirements, as may be amended.

3.1 General Philosophy of Service Provision

Successful proposers must maintain an overall philosophy of **inclusion and non-discrimination** towards subrecipients, service providers, minorities, people with HIV, Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) (LGBTQ), and the public. Proposers must also show sensitivity to HIV/AIDS-related issues including stigma, client confidentiality and privacy, and cultural diversity in the RFP response and through service delivery, if funded.

Proposing organizations must describe their approach to providing culturally affirming, trauma-informed, and stigma-free HIV care and treatment, delivered by supportive and accepting providers who have been trained to recognize and address implicit racial/ethnic, sexual orientation, and other gender-based biases and provided in settings that consider and prioritize a positive experience for all people seeking services. Moreover, while providers funded for Quick Connect and Mobile GO Teams may include the name of the organization on vehicles used in service delivery, these providers are cautioned against using vehicle markings, signage or any displays otherwise that promote or identify services as HIV/AIDS-related.

Successful proposers will be required to commit to working within a coordinated system that promotes **high standards of quality service and care**, staff training, and the development of service linkages and referral mechanisms among participating care providers and key points of entry into the health care system. These key points of entry include, but are not limited to:

- FDOH-MDC's Sexually Transmitted Disease (STD) clinics
- FDOH state-licensed HIV counseling and testing sites
- Hospitals/emergency room departments/urgent care centers
- Hospital discharge clinics/departments
- Other medical clinics or private physician offices
- Substance abuse treatment providers/programs
- Mental health clinics/programs
- Adult and juvenile detention centers
- Jail and/or correctional facilities (e.g., prisons), including, but not limited to, re-entry programs
- Homeless shelters
- Detoxification centers
- Federally Qualified Health Centers (FQHCs)

Quality services shall be provided in a **culturally sensitive and linguistically appropriate** manner such that they help to improve client-level health outcomes along the HIV Care Continuum: from 1) HIV diagnosis, through 2) linkage to HIV medical care; 3) receipt of care; 4) retention in care (especially medical care); to 5) viral load suppression. See Section 3.7 of this RFP Solicitation, below, for more information. Services shall be available and linguistically appropriate to serve clients based on their language preferences; in English, Spanish or Haitian Creole, at a minimum.

According to a Dear Colleague letter (dated October 19, 2018) received from Dr. Laura Cheever, Associate Administrator of HRSA's HIV/AIDS Bureau, "Several large studies have demonstrated that people living with HIV

(PLWH) who have consistent viral suppression do not sexually transmit HIV. PLWH who take HIV medication daily as prescribed and achieve and **maintain an undetectable viral load have effectively no risk of sexually transmitting the virus** to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their HIV medication.” HRSA encourages providers to “incorporate this viral suppression message into service delivery settings... and 1) involve PLWH in the decision-making process of their HIV treatment and their sexual health; 2) develop a trusting relationship with their patients (clients); 3) assess barriers to treatment adherence; and 4) support PLWH to achieve and maintain healthy outcomes.”

The Ryan White Program (EHE first, then Part A/MAI) must always be the **payer of last resort**. Documentation supporting this requirement must be maintained in each client’s record(s) and is subject to audit and repayment if documentation is insufficient.

3.2 Service Category Background

3.2.1 HealthTec services relate to telehealth services. HealthTec services relate to telehealth services. HealthTec services are envisioned to be a comprehensive, multi-disciplinary team approach to provide holistic HIV/AIDS care, treatment adherence, retention in care, and wellness. Telehealth technology facilitated access shall include, but not be limited to medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and other services as appropriate. Telehealth simplifies follow-up care and helps remove barriers to treatment adherence. Improved treatment adherence will lead to improved viral suppressions. This component reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two. Services include computer hardware and software needed to provide telehealth services in a secure, confidential format compliant with the Health Insurance Portability and Accountability Act (HIPAA). Please see the attached Policy and Procedures document titled, “Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth” (**Appendix G**) for guidance on the general rules related to the provision of telehealth services in the local Ryan White Program.

3.2.2

Quick Connect is an expansion of the local Test and Treat / Rapid Access (TTRA) process that was developed for the local Ryan White Part A/MAI Program. See **Appendix L** titled, “Test & Treat / Rapid Access – Miami-Dade County Overview for Medical Practitioners, Revised November 9, 2022,” subject to updates. Facilitating rapid access to medical care and antiretroviral therapy (ART), preferably same day but within seven (7) calendar days of HIV diagnosis, “may bring earlier benefits in personal health, and earlier reductions in the risk of onward transmission of HIV ... [and] rapid ART initiation has been shown to reduce time to linkage to care and viral load suppression.” (Source: Susa Coffey, MD, and Oliver Bacon, MD, MPH, AIDS Education and Training Center Program, National Coordinating Resource Center, “Immediate ART Initiation: Guide for Clinicians,” February 14, 2019, access 10/7/2019). This component reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two.

Additionally, Quick Connect services include promoting capacity building through HIV Education (e.g., academic detailing to provide education on the latest HIV clinical guidelines, referral options, and available resources) for non-RWP-funded medical practitioners and their staff. County-wide provider training is conducted in doctors’ offices, hospitals, urgent care centers, emergency rooms, clinics, and other community healthcare facilities with an ultimate goal of increasing routinized HIV screening as a part of standard practice.

The Recipient currently funds one Subrecipient to provide Quick Connect services throughout the central to downtown areas of the County. The Recipient is seeking to partner with one or more additional Quick Connect

service providers to reach North Miami-Dade, the Beaches, West Miami-Dade, Kendall, and the southern-most geographic areas of the County.

Funded organizations will be expected to provide a warm hand-off for newly identified / referred clients to be connected (i.e., directly transported by agency staff) immediately or timely to ongoing HIV medical care and treatment, through an on-call response team and / or through the provision of transportation assistance [e.g., transport by funded organizations' designated staff (Quick Connect Navigator); agency van services; County Special Transportation Services (STS); etc.]. Funded organizations will be expected to transport clients directly. Agencies might also include rideshare services, such as Uber or Lyft, as a solution of last resort.

3.2.3 Housing Stability Services (“HSS”) will utilize a “housing is healthcare” and housing-first approach to provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain critical outpatient / ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Funded organizations will be required to 1) stabilize the client’s housing situation as the first priority and 2) then address any additional client needs. Providing housing support to clients under the EHE initiative will help ensure clients’ ability to secure and / or maintain safe, decent, and affordable housing. With less concern about their housing situation, clients can focus more attention on their adherence to HIV treatment. Numerous studies have shown that unstable housing status is independently associated with poor HIV health outcomes. By improving the housing status for people experiencing homelessness or housing instability, HSS will facilitate linkages to and retention in ongoing core medical and behavioral health services [i.e., medical care, antiretroviral medications (ARVs), medical case management, mental health counseling, substance use disorder services, etc.] available throughout the community. Services include rental and utility subsidies, moving incidentals, linkage to additional services, vocational and life skills support, and case management to develop and implement a plan to ensure ongoing housing stability by improving opportunities to increase client income through employment or access to SSI/SSDI Outreach, Access and Recovery (SOAR), securing permanent tenant based rental assistance, or placement in permanent supportive housing). HSS will be provided to EHE program-eligible individuals experiencing homelessness or housing instability for up to 24 months from each client’s enrollment, subject to available funding.

3.2.4 Mobile GO Teams services seek to support the activities of the Florida Department of Health (FDOH) Miami-Dade County’s (MDC) (FDOH-MDC) Disease Intervention Specialists, through a mobile response unit, by increasing the Recipient’s ability to rapidly respond to HIV transmission clusters in the community using the local TTRA model; conduct outreach in high HIV incidence zip codes (also known as “hotspots”) and hardest to reach client populations (e.g., people who are experiencing homelessness or unstably housed) to provide onsite medical assessments to identify people with HIV who are not in care and link them to care and treatment; and administer the new injectable ART treatment regimens. Funded organizations will conduct a procurement action to acquire a new or existing mobile unit including medical supplies and equipment to carry out the work under this project component. Staffing for the mobile unit must include a Physician or Advanced Practice Registered Nurse (APRN), a Community Health Worker, and a Driver / Attendant. Successful proposers will serve as a resource primarily to 1) respond to HIV outbreaks identified by FDOH-MDC (Pillar Four) and 2) to provide rapid access to care and treatment to identified clients not in care (Pillar Two) (i.e., not duplicating testing activities conducted by FDOH-MDC and focusing efforts on care and treatment).

See additional details in **Sections 3.17.1, 3.17.2, 3.17.3 and 3.17.4** of this RFP solicitation document. Success with these four project components will help the county reach the goal of reducing new HIV infections by 75% by 2025, since “an overwhelming body of clinical evidence has firmly established the HIV Undetectable=Untransmittable, or U=U, concept as scientifically sound. U=U means that people with HIV who achieve and maintain an undetectable

viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.” (Source: “HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention,” National Institute of Allergy and Infectious Diseases, May 21, 2019, access 11/10/2022).

If services are rendered specifically using HRSA’s core medical and support service definitions, or if low-income, program-eligible clients are referred to the local Ryan White Part A/Minority AIDS Initiative (MAI) Program for ongoing care and treatment, then HRSA’s policies on allowable uses of funds apply, as follows:

- HRSA’s HIV/AIDS Bureau released an update to Policy Clarification Notice (PCN) No. 16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, revised October 22, 2018, providing general descriptions of allowable service categories for the Ryan White HIV/AIDS Program and program guidance for implementation of these services. A copy of HRSA’s revised PCN No. 16-02 can be accessed at the following web page and is also attached hereto as Appendix M:

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

3.3 Data

Some data related to the current HIV epidemic in Florida and Miami-Dade County can be found at the following web pages:

- Miami-Dade HIV/AIDS Partnership website – Annual Needs Assessment data: <http://aidsnet.org/partners/annual-needs-assessment/> or contact Behavioral Science Research Corporation, the Partnership’s contracted Staff Support provider at (305) 445-1076
- Florida Department of Health website – current HIV epidemiology data:
 - Florida: <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html>
 - Miami-Dade County (Area 11A): <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/area-slide-sets.html>
 - (NOTE: request the slide sets from the indicated Surveillance contact person.)
- Additional Florida Fact Sheets: <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/fact-sheet1.html>
- Centers for Disease Control and Prevention (CDC):
 - HIV Surveillance Reports: <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

3.4 Client Eligibility Criteria

Successful proposers will be required to implement standard procedures to appropriately document the clients are receiving EHE-funded services:

For EHE services:

- ✓ Is a person with HIV;

If referral to Ryan White Part A/Minority AIDS Initiative (MAI) services is needed:

- ✓ Is a person with HIV;
- ✓ Has a documented gross household income that does not exceed 400% of the Federal Poverty Level;
- ✓ Is a current, full-time resident of Miami-Dade County;
- ✓ Is documented as having been properly screened for the State AIDS Drug Assistance Program (ADAP), Medicaid, Medicaid Managed Medical Assistance (MMA) or Long-term Care (LTC), Medicare, other public sector funding, and private insurance, as appropriate. While clients qualify for and can access these other sources of benefits/entitlement programs, they will not be eligible to receive Ryan White Program-funded services, except for those services, tests, and/or procedures, etc., related to the clients' HIV disease that are not covered by other funding sources; and
- ✓ Has been re-assessed for income and Miami-Dade County residency eligibility every six (6) months until November 1, 2022; thereafter, eligibility will be assessed every 366 days from the client's regular recertification.

PLEASE NOTE:

- The Federal Poverty Level (FPL) guidelines are updated annually. When the guidelines become available, a matrix is developed by the Miami-Dade Office of Management and Budget-Grants Coordination/Ryan White Program and distributed to program subrecipients annually at the start of each grant fiscal year for use in determining client income eligibility for the program year. See **Appendix J**.
- Currently, all Part A and MAI-funded service categories have a client's income eligibility capped at 400% of the FPL, based on gross household income.
 - It is possible that new criteria may apply beginning Fiscal Year 2023 (Year 33), or thereafter as determined by the Miami-Dade HIV/AIDS Partnership.
- **CLIENT ELIGIBILITY DOCUMENTATION, INCLUDING SPECIFIC DOCUMENTATION REQUIRED FOR THE SERVICE CATEGORY, WHERE APPLICABLE, MUST BE MAINTAINED IN EACH ORGANIZATION'S CLIENT CHARTS AND IS SUBJECT TO AUDIT BY THE OFFICE OF MANAGEMENT AND BUDGET-GRANTS COORDINATION. FAILURE TO MAINTAIN CLIENT ELIGIBILITY DOCUMENTATION MAY RESULT IN FORFEITURE OF REIMBURSEMENT FOR SERVICES RENDERED.**

3.5 Special Populations

Proposers are encouraged to consider special populations and co-occurring conditions as indicated in the data sets and needs assessment reports referenced in Section 3.3 of this RFP Solicitation, above.

Miami-Dade County will target EHE interventions towards the racial/ethnic, gender, and age groups most heavily impacting or impacted by the HIV epidemic. Approximately 27,782 people with HIV (prevalence) live in Miami-Dade County (MDC) as of 2021. Florida Department of Health (FDOH) HIV Surveillance data identified 1,204 people newly diagnosed with HIV in 2021. FDOH HIV Care Continuum data for 2021 indicate that while 73% of the HIV prevalence were ever in care, only 93% were retained in care and only 63% had a suppressed viral load (< 200 copies mL). In comparison, based on Fiscal Year 2021 data, of the 8,418 clients served by the local Ryan White Part A/MAI Program, 87% were linked to care; 68% were retained in care; and 82% had a suppressed viral load.

The majority of new HIV cases in 2021 were males [including male-to-male sexual contact (MMSC)], Hispanic/Latinx, and 20 to 39 years of age. The majority of HIV prevalence cases in 2020 were also males [including men who have sex with men (MSM)], Hispanic/Latinx, but were mostly over 50 years of age (FDOH, 2020).

Currently, the following more specific populations are most heavily impacted by HIV in Miami-Dade County:

- Hispanic Youth
- Blacks/African Americans
- MSM
- Uninsured

Additional populations to be served based on unmet needs and service gaps include people with HIV who are:

- Homeless or unstably housed
- > 400% of the Federal Poverty Level (e.g., income more than \$54,495 for a household of one in 2022)
- Newly diagnosed with HIV
- People with HIV who do not know their status, are out of care, or are non-adherent to HIV treatment
- People of trans experience with HIV
- Sex workers
- Formerly incarcerated people with HIV
- Living in geographical areas or locations with evidence of high HIV prevalence, or “hotspots”

Other special populations not included above should be clearly described in the Proposer’s response to this RFP Solicitation.

3.6 Geographic Accessibility

Miami-Dade County encompasses a geographic area of over 2,400 total square miles. While most of the 27,782 people with HIV residing in Miami-Dade County are concentrated in the northeast and downtown areas of the county (see **Figure 1** below), people with HIV reside throughout the county. Proposer(s) must demonstrate the capacity to serve people with HIV from a geographic area beyond that of its own local neighborhood, and to do so in keeping with the cultural/ethnic sensitivities of the population(s) to be served. Proposers should consider and address various geographic accessibility issues (e.g., transportation, stigma, etc.) that may create barriers for clients in accessing HIV care and treatment.

Figure 1: Geographic distribution of People with HIV in the Miami-Dade County EMA, Florida Department of Health data, through December 2021, as of June 2022

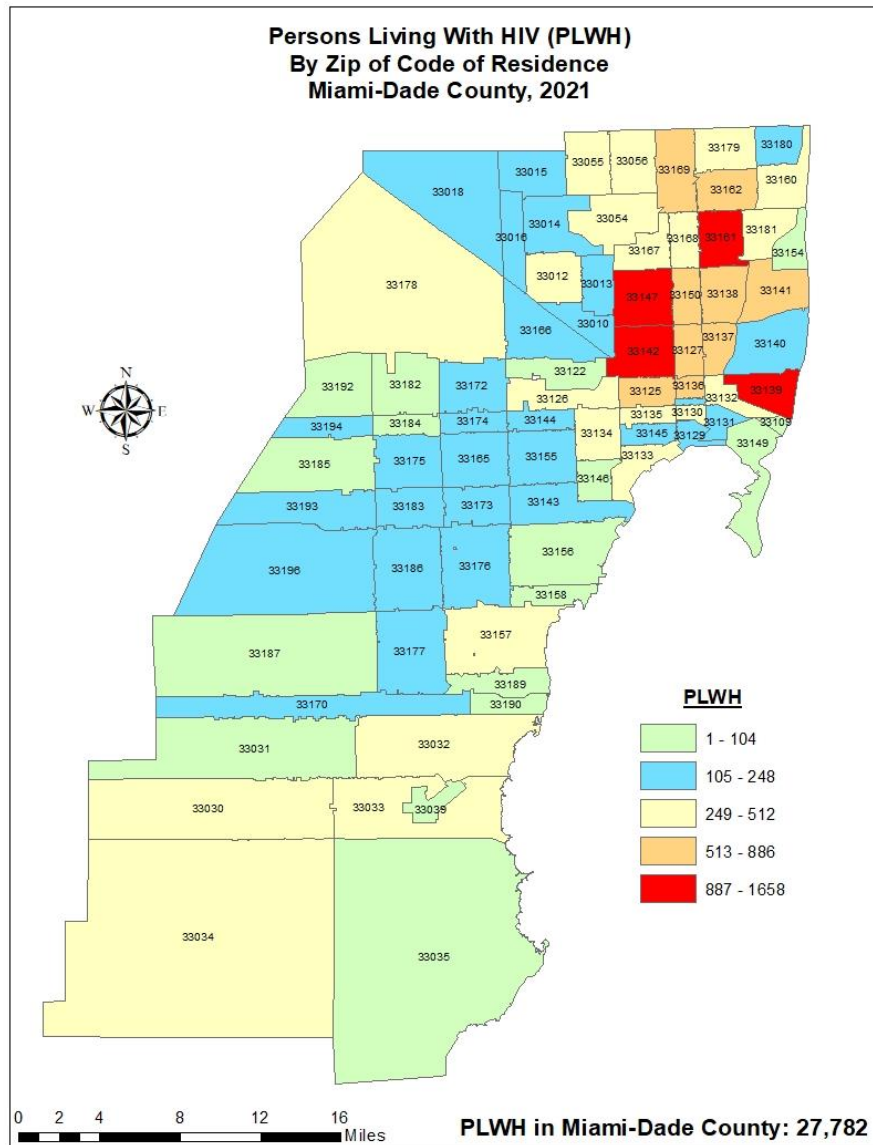


Table 1: HIV/AIDS Incidence and Prevalence in the EMA - CY 2017-2021

	2017	2018	2019	2020	2021	2017 - 2021 CHANGE
New HIV Cases (Incidence)	1,167	1,194	1,164	814	1,204	3.2%
New AIDS Cases (Incidence)	400	403	381	303	388	-3%
HIV Prevalence	27,307	27,389	27,380	27,329	27,782	1.7%
RWP Clients in Care	9,883	9,578	9,031	7,509	7,741	-22%

Source: Florida Department of Health, CY 2021, as of 6/30/22; RWP service utilization FY 2021, Groupware Technologies, LLC's Provide® Enterprise Miami database, June 2022.

Favorable consideration will be given to Proposers that demonstrate the ability to **identify and address geographic accessibility issues and offer quality service solutions** in sites located within the major centers of the epidemic in Miami-Dade County or in areas that have historically been underserved. For example, according to the Miami-Dade HIV/AIDS Partnership's most recent Needs Assessment, based on Florida Department of Health HIV Surveillance data (see **Figure 1**, above), the areas with the highest numbers of people with HIV (i.e., over 512 cases per Zip Code) include the following, listed in no specific order: Miami Gardens, North Miami Beach, Miami Shores, El Portal, Little Haiti, Liberty City, Miami (downtown and surrounding areas), Wynwood, Overtown, and Little Havana. Areas of the county with a large proportion of people with HIV (i.e., more than 886 cases per Zip Code) include the following, listed in no specific order: Biscayne Park, North Miami, West Little River, Allapattah, Brownsville, Model City, and Miami Beach.

3.7 Cultural and Linguistic Capabilities; Stigma; Health Literacy

All services must be available in English, Spanish, and Haitian Creole, as needed by the program clients. In addition, the local Ryan White Program requires subrecipients to understand, implement, and adhere to the National Culturally and Linguistically Appropriate Services (CLAS) Standards (<https://www.thinkculturalhealth.hhs.gov/clas>). These standards will apply to local EHE Projects as well.

Proposing organizations should also take into account the needs of clients who face barriers to accessing HIV services due to stigma (negative attitudes and beliefs about people with HIV, culturally-based or otherwise), their educational level, or their health literacy (capacity to obtain, process, and understand basic health information and services to make appropriate health decisions).

Furthermore, HRSA requires Recipients such as Miami-Dade County, and in turn the County will require EHE-funded subrecipients, to make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), where applicable to this project and in adherence with HIPAA and client confidentiality requirements, fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at [U.S. Access Board - Home \(access-board.gov\)](http://www.access-board.gov).

3.8 Service Delivery Standards

All successful EHE Proposers will adhere to the standards developed and/or adopted by the local Ryan White Program, which include the following, as may be updated and/or adopted during the term of the contract agreement, including all options to renew, where applicable to their service delivery design and scope of work:

- Ryan White Program System-wide Standards of Care
- Ryan White Program Case Management Standards of Service
- Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- HAB HIV Performance Measures:

Frequently Asked Questions	HIV-Exposed Children
Core	Medical Case Management (MCM)
All Ages	Oral Health [Care]
Adolescent/Adult	AIDS Drug Assistance Program (ADAP)
Children	Systems-Level

- Ryan White Program Minimum Primary Medical Care Standards

- Dear Colleague Letter – Viral Loads
- Dear Colleague Letter – Mental Health Services
- Ryan White Program Oral Health Care Standards
- Department of Health and Human Services (DHHS) HIV Treatment Guidelines & Additional Service Delivery Standards

These standards form the basis for ongoing monitoring and evaluation of funded Subrecipients by the Miami-Dade County Office of Management and Budget–Grants Coordination, Ryan White Program. It is not expected that contracted organizations be in full compliance with these standards at the time of contract execution. However, it is expected that Proposers and funded Subrecipients have read and understand the standards. By signing a contract, Subrecipients will be agreeing to make every effort to progress towards full compliance with these standards during the term of the agreement, where applicable to their service delivery design and scope of services.

Within the local Ryan White Program network of service providers (subrecipients), it is the client's choice of which provider he, she or they wish to receive services from.

3.9 Performance Improvement and Clinical Quality Management

Funded subrecipients will be expected to develop internal performance improvement programs and collaborate with the Miami-Dade County Ryan White Program Clinical Quality Management Program through its contracted provider. Funded subrecipients will be evaluated against the outcome measures contained in Miami-Dade County Professional Service Agreements (contracts); the Health Resources and Services Administration's HAB HIV Performance Measures, as may be amended; Ryan White Program Minimum Primary Medical Care Standards; and/or the Clinical Quality Management Plan and its addenda; where applicable. Funded subrecipients will be responsible for collecting and reporting on specific data to measure performance and outcomes, as detailed in the documents listed above.

Funded subrecipients will also participate in external quality assurance reviews, utilizing individual standardized tools as developed by the Ryan White Program, the Clinical Quality Management Committee (CQMC), and the Miami-Dade HIV/AIDS Partnership (Partnership) and as applicable to the services for which they are funded. As standardized tools are developed by the Ryan White Program, the CQMC, and the Partnership for Ryan White Program-funded core medical and support services, funded subrecipients will be required to utilize such tools and participate in related external quality assurance reviews, where applicable.

3.10 Client Health Outcome Measures and SMART Objectives

HealthTec:

Proposed project outcomes:

1. Improved access to medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and other services as appropriate.
2. Easier access to Part A enrollment without need for transportation to appointment, childcare; and to remove barriers related to fear of disclosure and stigma.
3. Simplified follow-up care.
4. Reduced barriers to treatment adherence.
5. Improved treatment adherence leading to improved viral suppression.

Outcome measures and SMART Objectives:

Identified: Increase in the number of people with HIV in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 6 months)

- a. UNDUPLICATED
 - b. CUMULATIVE
2. Enrolled: Increase in number/percentage of people with HIV identified as eligible for EHE HealthTec who enroll in this process throughout the remainder of the five-year period of performance. (baseline and every 6 months)
 - a. At least 75% of identified clients who are eligible for EHE HealthTec will enroll in this process.
 3. Enrollees Continuing Process: Increase in the number/percentage of EHE HealthTec clients continuing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days of initial client orientation date, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance. (baseline and every 6 months)
 - a. 80% of those clients who utilize EHE HealthTec will continue with this process.
 4. HIV Viral Load Suppression: Increase in the number/percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

By February 29th of Year 4 (YR 4), i.e., 2/29/2024, establish a baseline of EHE HealthTec clients who are virally suppressed; thereafter, at least 70% of the EHE HealthTec clients served in the reporting year will have a HIV viral load less than 200 copies/mL at their last viral load test during the YR 5 measurement year.

Quick Connect:**Proposed project outcomes:**

1. Increased capacity by educating non-Ryan White Part A Program (RWP)-funded medical practitioners in the community about HIV clinical guidelines and available treatment and support resources in the community.
2. Improved access to medical care, antiretroviral medications, medical case management, mental health counseling, and substance use disorder services for individuals diagnosed in doctors' offices, hospitals, clinics, urgent care centers, or emergency rooms, using the local TTRA model.
3. Improved linkage to care and treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home.

Outcome measures and SMART Objectives:

1. Contacts: Increase in the number of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 6 months)
 - a. UNDUPLICATED
 - b. CUMULATIVE

2. Linked to HIV-related Care: Increase in the number/percentage of people with HIV who are linked to HIV medical care in the: (a) Ryan White Part A/MAI Program; (b) EHE HealthTec, (c) other community programs; or (d) private insurance. (baseline and every 6 months)
 - a. UNDUPLICATED
 - b. CUMULATIVE
3. Clients Utilizing Process: Increase in the number/percentage of EHE Quick Connect clients utilizing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days or less, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance. (baseline and every 6 months)
 - a. At least 75% of enrolled EHE Quick Connect clients will utilize this process.

Output 1: Referral Source Name and Location: Documentation of location of referral source (i.e., where referral to HIV related care is taking place: doctor's office, hospital, emergency department, urgent care center, clinic, other community healthcare facility)

Output 2: Capacity Building Trainings: Increase in the number of capacity building trainings conducted for Medical Providers, Clinical Staff, and other Healthcare Professionals (baseline and every 6 months)

Output 2a: Number and Location of Trainings (i.e., number of doctors' offices, clinics, hospitals, urgent care centers, emergency departments, in-service trainings, etc. conducted)

Output 2b: Number of "Encounters": (i.e., number of healthcare providers for which capacity building and/or technical assistance was offered)

Output 2c: Number of healthcare professionals trained

Output 2d: Number of HIV Educational Folders Distributed: Document number of HIV Educational Folders disseminated to medical providers and other clinical staff

Output 2e: Number of clinics committed to integrating routine HIV screening as a part of standard practice

Please note that organizations funded to provide Quick Connect services are not responsible for tracking viral load suppression (VLS) for clients whose income exceeds 400% FPL. However, providers will be required to make reasonable efforts to track that information.

Housing Stability Services

Proposed project outcomes:

1. Improved housing stability for people with HIV.
2. Improved engagement in care for people with HIV.
3. Increased treatment adherence and viral suppression.
4. Increased earned income through employment people with HIV.

Outcome measures and SMART Objectives:

1. **Enrolled:** Increase in number of people with HIV who enroll in the EHE Housing Stability Services (HSS) program.
 - a. UNDUPLICATED
 - b. CUMULATIVE

By February 29th of Year 4 (YR 4), i.e., 2/29/2024, establish a baseline of clients who will be enrolled into the EHE HSS program.

2. **Linked to HIV-related Care:** Increase in the number/percentage of people with HIV who are linked to HIV medical care in the: (a) Ryan White Part A/MAI Program; (b) EHE HealthTec, (c) other community programs; or (d) private insurance. (baseline and every 6 months).
 - a. UNDUPLICATED
 - b. CUMULATIVE

3. **Retained in Care:** Increase in the number/percentage of people with HIV who are retained in care (i.e., one or more documented medical visits, CD4 tests, or VL tests at least 90 days apart, documented via follow-up with provider) within a one-year reporting period) (baseline and every 6 months)
 - a. At least 80% of enrolled clients will be retained in care in Year 4; and 85% by Year 5

4. **HIV Viral Load Suppression:** Increase in the number/percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

By February 29th of Year 4 (YR 4), i.e., 2/29/2024, establish a baseline of EHE Housing Stability Services clients who are virally suppressed; thereafter, at least 70% of the EHE HSS clients served in the reporting year will have a HIV viral load less than 200 copies/mL at their last viral load test during the YR 5 measurement year, documented via follow-up with provider.

SSI/SSDI Outreach, Access, and Recover (SOAR) Track Outputs

Output 1: **SOAR Application:** Increase in the number of SOAR applications completed, filed, appealed, etc. on behalf of qualifying EHE HSS clients

Permanent Supportive Housing Linkage

Output 1: Increase in the number of clients that have an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

Employment Track Outputs

Output 1: **Job Readiness Trainings/Group:** Increase in the number of job-readiness trainings conducted (individually or in a group setting) for interested EHE HSS clients.

Output 2: **Evidence-based Life Skills Assessments [e.g., Casey Life Skills (CLS) Assessment]:** Increase in the number of evidence-based life skills assessments conducted for interested EHE HSS clients.

Output 3: **Life Skills Training/Group:** Increase in the number of life skills trainings conducted (individually or in a group setting) for interested EHE HSS clients.

- Output 4: Professional Resume Building: Increase in the number of professional resumes written for interested EHE HSS clients.
- Output 5: Job Search Workshop: Increase in the number of interested EHE HSS clients who completed a job search workshop during the reporting year.
- Output 6: Employment Obtained: Increase in the number of interested EHE HSS clients who obtained / maintained employment during the reporting year.
- Output 7: High School/GED program/Vocational Program Enrollment: Increase in the number of interested EHE HSS clients who enrolled in high school, GED, other vocational program, etc. during the reporting year.
- Output 8: Vocational Certification: Increase in the number of interested EHE HSS clients who obtained / intensive vocational certification (e.g., retail, customer service, or other vocational training during the reporting year).

Mobile GO Teams

Proposed project outcomes:

- 1) Improved targeted response to HIV transmission clusters.
- 2) Improved access to medical care and antiretroviral medications using the local TTRA model, where appropriate.
- 3) Improved linkage to care for hard-to-reach client populations.
- 4) Improved retention in care for hard-to-reach client populations.
- 5) Increased treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home.

Outcome measures and SMART Objectives:

- 1) Identified: Increase in the number of people with HIV who are identified as eligible to receive EHE Mobile GO Teams services.
 - a. UNDUPLICATED
 - b. CUMULATIVE
- 2) Linked to HIV-related Care: Increase in the number/percentage of people with HIV who are linked to HIV medical care in the: (a) Ryan White Part A/MAI Program; (b) EHE HealthTec, (c) other community programs; or (d) private insurance. (baseline and every 6 months).
 - a. UNDUPLICATED
 - b. CUMULATIVE
- 3) HIV Viral Load Suppression: Increase in the number/percentage of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year.

By February 29th of Year 4 (YR 4), i.e., 2/29/2024, establish a baseline of EHE Mobile GO Teams clients who are virally suppressed; thereafter, at least 50% of the EHE Mobile GO Teams clients served in the reporting year will have a HIV viral load less than 200 copies/mL at their last viral load test during the YR 5 measurement year, documented via follow-up with provider.

3.11 Program Income

Imposition of Charges does not apply to EHE funding. However, Miami-Dade County and its EHE Project Subrecipients are required to track and report all other sources of service reimbursement as program income. All program income earned in relation to EHE-funded services must be used to further the objectives of the EHE Project. For additional information, see HRSA Policy Clarification Notice No. 15-03, Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income, available online at: <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>. Policy Clarification Notice No. 15-04 addresses program income resulting from pharmaceutical rebates. Also on this webpage see the related Frequently Asked Questions document.

Funded subrecipients must develop, submit to Miami-Dade County Office of Management and Budget-Grants Coordination/EHE Project for review and approval, and implement within sixty (60) calendar days of initial contract start date a Program Income Policy addressing the requirements of HRSA Policy Clarification Notice No. 15-03 and related reporting to Miami-Dade County (through the Final Line Item Expenditure Report, at a minimum). The County will monitor the subrecipient's development and implementation of its Program Income Policy and the reporting of such program income.

3.12 Test and Treat / Rapid Access (TTRA) Protocol

TTRA is a clinical initiative and collaborative effort between the Florida Department of Health and the local Ryan White Program that offers immediate linkage to HIV medical care and initiation of antiretroviral therapy at the time a person is newly diagnosed with HIV or at the time a client is returning to care after a gap in treatment. See **Appendix L** of this RFP solicitation document.

3.13 Advance Payments

An "advance payment" shall mean a payment that a Federal awarding agency or pass-through entity (i.e., Miami-Dade County) makes by any appropriate payment mechanism, including a predetermined payment schedule, before the non-Federal entity disburses the funds for program purposes. Funded subrecipients under this RFP Solicitation may submit a request to the Miami-Dade County Office of Management and Budget-Grants Coordination/EHE Project for approval of, or to decline, an advance payment in accordance with the Uniform Guidance, 45 CFR § 75.305 and related County requirements. Additional guidance for this item will be provided to subrecipients upon notification of contract award. However, please note:

- A non-Federal entity proposer must demonstrate their organization's capabilities of compliance with the 45 CFR § 75.305 of the Uniform Guidance if it intends to request "pay in advance". Or, the non-Federal entity proposing organization may elect to be paid on a reimbursement basis.
- **If the non-Federal entity proposing organization elects to be paid on a reimbursement basis now, this election does not preclude the organization from requesting to be included in the "pay in advance" process in the future.**
- **During the contract execution process, a Method of Payment Request form will be provided for certification by the subrecipient. If "pay in advance" is requested by the non-Federal entity, documentation supporting compliance with 45 CFR § 75.305 of the Uniform Guidance will be requested during the review and approval of such request.**

3.14 Reporting

Funded subrecipients will report monthly activity according to the recorded number of client visits, dates of services, type of procedures (if applicable), units of service provided, and unduplicated number of clients served (see "Reimbursement Requests" below). Where applicable, funded subrecipients will also adhere to additional reporting requirements as may be specified for individual service categories that subrecipients are funded to provide under the corresponding Professional Services Agreement. These additional reporting requirements by service category are required by HRSA.

Additional contractual reporting requirements include:

- Reimbursement Requests (invoices) (see Section 3.15 below);
- Biannual Progress Reports
 - Narrative report of the number of clients served, accomplishments, challenges, progress towards meeting program standards, staffing changes, budget expenditures, and technical assistance needs;
- EHE Aggregate Module
 - Report on a triannual basis capturing aggregate counts of services received by clients during the reporting period;
- Final Line Item Expenditure Report (FLIER)
 - Annual report
 - Separate for each funded service category, itemizing all EHE Project funding by approved object class category line items, where applicable, other shared costs received, and actual expenditures incurred during the contract period associated with the corresponding Professional Services Agreement (contract);
 - Certification that expenditures report is true, complete, accurate, appropriately documented, and only includes program-allowable expenses;
 - Reporting and reconciliation of program income (see HRSA Policy Clarification Notice No. 15-03: https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf);
- Client-level Services Data Report (RSR)
 - Annual quantitative report submitted electronically to HRSA based on calendar year client-level service utilization data;
- Annual certified Single Audit report and all related financial statement, as applicable, in accordance with Uniform Guidance, 45 CFR part 75, subpart E related to contract cost principles, and subpart F related to audit requirements, as may be amended; and
- Annual Inventory Report, as applicable
 - Only required when budgets/expenditures include approved purchases of nonexpendable personal property of a non-consumable nature with a value of \$1,000 or more per item and with a normal life of one (1) or more years – County requirement.
 - Additional federal reporting through the federal Tangible Personal Property Report (SF-428) form is required for equipment purchases that have an acquisition cost of \$5,000 or more.

The local EHE Project may also use Report Cards, by subrecipient, to monitor service delivery against the nationally

recognized HIV Care Continuum model to identify gaps or barriers affecting the program's ability to connect people with HIV with core medical and support services and to improve client health outcomes. The HIV Care Continuum (or HIV Treatment Cascade) is a model used to identify issues and opportunities related to improving the delivery of services to people with HIV across the entire continuum of care. This continuum has five steps: (1) HIV Diagnosis; (2) Linkage to Care; (3) Receipt of Care; (4) Retention in Care; and (5) Viral Load Suppression. Timely reporting of service delivery information, documenting prescribed HIV medications and uploading or manually entering viral load test results, where applicable, is necessary to track client health outcomes, to identify gaps in service delivery or barriers to care, and to identify program improvements to assist clients in achieving and maintaining viral load suppression.

3.15 Schedule and Method of Payment

It is anticipated that EHE-funded subrecipients will be reimbursed in equal monthly installments out of the total number of months in the contract budget period (e.g., 1/12th per month in a 12-month budget period); subject to reduction penalties if the subrecipient fails to meet expected performance measures (i.e., there will be a reduced monthly payment if no clients are served). However, the County, in its sole discretion, may consider other reimbursement methodologies (e.g., fee-for-service unit cost reimbursement, etc.). Regardless of methodology the County determines to use for EHE-funded services, a service utilization report and/or summary of activities for each month must be included with the reimbursement request.

Funded subrecipients shall submit reimbursement requests to the County monthly, on or by the twentieth (20th) calendar day of the month following the month in which services were provided to clients. If the 20th day of the month falls on a weekend or County-observed holiday, the reimbursement requests shall be submitted by close of business on the next business day. Reimbursement requests will be submitted in a format determined by the County, regarding the provision and utilization of EHE Project services, where applicable, in accordance with the provisions of corresponding Federal OMB Uniform Guidance requirements and the Ryan White Act, as may be amended.

At a minimum, these monthly reimbursement requests shall include:

- unique client identification number as assigned by the new MIS system (e.g., Provide Enterprise);
- date of service;
- user identification code for provider of service;
- type of service (billing code);
- units of service; and
- total amount charged for the service.

Once the contract is executed annually, the County will approve the complete and accurate invoices for payment. See Article IX of the corresponding draft agreement (Appendix H) for more details. Funded subrecipients may request reimbursement to be made by check or by Automated Clearing House (ACH) Direct Deposit. Miami-Dade County strongly encourages all vendors and subrecipients to enroll in the ACH Direct Deposit process for an expedited and secure delivery of funds.

3.16 Reallocations/Sweeps Process

Funded subrecipients who are awarded an amount for a service category that does not adequately meet the needs of their client population may request additional funds through the local EHE Project Reallocations/Sweeps process (i.e., "Sweeps"). This process is used to move unspent funds from one service category to another to address unmet needs or service gaps. Award of additional funds is subject to availability, is not guaranteed, and does not carry over into the following grant fiscal year. Proposers and funded subrecipients must plan accordingly.

During this process, the Miami-Dade County Office of Management and Budget-Grants Coordination/EHE Project management staff will monitor the grant's unobligated or unexpended balance regularly by reviewing monthly reimbursement requests from all subrecipients contracted under this RFP Solicitation (RFP No. EHE-2223) to assure timely expenditure of contracted funds. Up to three times per grant fiscal year, grant Recipient staff conducts a Sweeps process which results in the review of each funded subrecipient's expenditure history and projecting each subrecipient's ability to spend down grant dollars by service program within the remainder of the grant budget period. As a result of this review, if the Recipient office believes that a subrecipient will not be able to spend down their award within the grant budget period, the subrecipient will be notified that their funding level for the year is at risk of being reduced and monies may be "Swept" and re-allocated to other service categories of other funded subrecipients that have concurrently provided the Recipient with a justification of unmet need and request for additional program dollars.

Subrecipients facing a proposed reduction of their funding are given the opportunity to address the proposed reduction prior to final action by Recipient management staff. Once the total amount of funds to be reduced is calculated, as well as the amount of funds requested to address unmet needs, these calculations by service category are presented to EHE Project management staff in order to re-allocate funds to service categories and geographic areas that are experiencing unmet needs or service gaps, as well as to address an increase in clients and/or service utilization. By using results of this "Reallocations/Sweeps" process – communicated to subrecipients through reduction letters when the award is reduced or by executed amendments to the contract for additional funds – the Recipient assures that grant funds follow the clients and the program services they use.

This "Sweeps" process is limited to subrecipients funded under this RFP Solicitation. Additional funds do not carry forward into the next grant fiscal year (i.e., award amounts reset to the amount awarded through this RFP Solicitation at the beginning of each grant fiscal year).

3.17 Scope of Services to be Funded

Proposing organizations may apply for **one or more of the service categories indicated in this section under 3.17.1, 3.17.2, 3.17.3, and 3.17.4.** HealthTec, Quick Connect, and Housing Stability Services are prioritized to be funded first, subject to ongoing appropriations from Congress and adequate funding from HRSA. One or more proposing organizations may be selected to provide HealthTec, Quick Connect, and Housing Stability Services. Up to two proposing organization may be selected to provide Mobile GO Teams services. Recommended awards under this RFP for the Mobile GO Teams component are dependent upon the federal EHE amount awarded to Miami-Dade County in Years 4 through 5 of the cooperative agreement.

3.17.1 Application responses for the HealthTec component should use a comprehensive, multidisciplinary holistic approach to address:

a) Infrastructure Network and Technology

Build infrastructure network and identify and acquire technology (equipment, internet/phone service, etc.) resources. Specialized technology where client confidentiality can be maintained is expected to be used rather than basic virtual meeting formats such as Zoom, Microsoft Teams, WebEx, GoTo Meeting, Skype, What's App chat, Face Time, etc.), unless a secure, HIPAA compliant version of these formats is used. Include how the proposing organization will:

- 1) Acquire/purchase the telehealth technology (hardware, software, internet provider media plan).
 - Examples of hardware include: agency's equipment to provide telehealth services; as well smartphones (e.g., Motorola Razr®, Apple iPhone®, Samsung

Galaxy®, or other similar smartphones) or tablets (e.g., Apple iPad®, Amazon Fire®, Samsung Galaxy Tablet®, Microsoft Surface®, Acer Chromebook®, or other similar tablets).

- Examples of HIPAA compliant telehealth software include Updox®, HIPAA Video®, VSee®, modmed®, and other similar software.
 - Examples of internet provider media include AT&T®, Verizon®, Sprint®, T-Mobile®, and other similar internet providers.
- 2) Limit the use of the technology (hardware and software) for the purposes and functionality required for the provision and receipt of telehealth services by the proposing organization and the clients, respectively.
 - 3) Distribute to and monitor use of the technology by clients.
 - 4) Ensure the telehealth hardware, software and internet access are HIPAA compliant.

b) EHE HealthTec Services

Implement EHE HealthTec services, including regular interdisciplinary case conferencing. Include how the proposing organization will:

- 1) Use HealthTec services to address barriers (e.g., childcare, transportation, stigma, etc.) to accessing medical care, HIV medications, and supportive services.
- 2) Use HealthTec services to address issues affecting clients' ability to obtain and maintain viral suppression.
 - Consider how telehealth can be used to assist clients who are struggling with treatment adherence to take their medications as prescribed (e.g., consider protocols such as Florida Department of Health's Video Directly Observed Therapy, or similar regular reminders)
- 3) Develop or work with the County to develop HIPAA compliant participant (client) agreements.

c) Collaboration

Collaborate with other programs [including, but not limited to, University of Miami's (UM) EHE projects related to the Injection Drug Elimination Act (IDEA) Exchange and Center for HIV and Research in Mental Health (CHARM) programs; ADAP; etc.] serving HIV to reach clients at high-risk for treatment non-adherence.

3.17.2 Application responses for the Quick Connect component should use a holistic approach to address:

a) HIV Education for Non-RWP-Funded Medical Practitioners

Promote countywide capacity building by educating non-Ryan White Program (RWP)-funded medical practitioners (in clinics, doctors' offices, hospitals, urgent care centers, and emergency rooms) about HIV clinical guidelines, referral options, and available resources.

b) HIV Treatment Information Dissemination

Identify or develop information that promotes the benefits of HIV treatment adherence and provide this information to EHE Quick Connect team(s) for use in doctors' offices, hospitals, clinics, urgent care, or emergency room encounters. Funded organizations will be expected to develop a welcome/informational packet to leave with these medical practitioners for use in informing potential clients of available HIV-related services in the community.

c) Link HIV Care by EHE Quick Connect Team on TTRA Model

Facilitate linkages to Ryan White Program and non-Ryan White Program HIV care (outpatient medical care and HIV medications, at a minimum) by EHE Quick Connect team(s) following the local TTRA model especially for, but not limited to, people with HIV who are not eligible for RWP services (i.e., the cap for RWP eligibility is 400% of the Federal Poverty Level); conduct regular follow-up to ensure EHE Quick Connect clients are connected to a medical home and followed through utilizing the process, confirmed via follow-up with client or provider within 30 days or less. Proposing organizations should also address how the newly identified clients will be connected immediately or timely to ongoing HIV medical care, through an on-call response team and/or through the direct provision of transportation assistance [e.g., transport by funded organizations' designated staff (Quick Connect Navigator); agency van services; County Special Transportation Services (STS), rideshare services such as Uber or Lyft as a last resort solution, etc.].

3.17.3 Application responses for the Housing Stability Services component should use a holistic approach to address:

a) Access to Rental and Utility Assistance Administered by Housing Stability Services Team:

Facilitate enrollment into the EHE Housing Stability Services (HSS) program for low-income people with HIV in need of rent and/or utility assistance in order to secure or maintain housing, employing a "housing is healthcare" and housing-first approach that minimizes barriers to housing assistance and acceptance of residents without preconditions such as sobriety or treatment or service participation. Housing first is an evidence-based approach that prioritizes housing stability as an essential foundation for pursuing other health and social goals, especially for, but not limited to HSS clients with high special needs.

b) Client Action Plans to Address Unmet Needs, Including Provision of Services through Partnerships and other Stakeholders

Conduct ongoing case management to create and tailor client action plans designed to identify and address clients' unmet needs and goals. Supportive services should be regularly reviewed and actively offered to persistently engage program participants to ensure housing stability and optimal wellbeing. This includes connecting HSS clients to appropriate voluntary wraparound services to respond to additional barriers that may hinder treatment adherence and sustained viral load suppression. Adherence to medical appointments and viral load suppression must be regularly monitored and supported through the offer of appropriate supportive services, but not made a condition of ongoing housing support. Proposing organizations should have an in-depth understanding of the intersectionality among age, gender (i.e., gender identity, gender expression, and sexual orientation), and race/ethnicity and should address how clients will be timely offered and connected to appropriate voluntary supportive services to improve their health and well-being.

c) Housing Stability Planning

Work with each program participant to develop and implement a concrete housing stability plan to sustain safe and stable housing beyond the HSS Program. This planning should include access to vocational and life skills training offered by the applicant organization directly or through partnership with a named, experienced provider, for eligible and interested program participants, as well as identification and application for permanent housing subsidies and supports for those unable to secure employment at a wage sufficient to support housing costs. Job readiness training (in individual or group settings) should include employment coaching, job search workshops, professional resume creation and interviewing preparation. Additional voluntary life skills training opportunities for program participants may include financial literacy services (e.g., spending and budgeting workshops) and linkage to relevant legal aid and credit restoration services, where appropriate. While participation in such services is not required, Proposers are encouraged to creatively engage clients through positive reinforcement and incentives (e.g., healthy competitions / challenges, frequent recognition of program

participants' achievements, graduation programs, etc.). Proposing organizations will describe how housing stability planning will further improve clients' ability to address barriers to housing stability.

3.17.4 Application responses for the Mobile GO Teams component should use a holistic approach to address (subject to availability of funds):

a) Mobile Unit Acquisition and Furnishing

- 1) Acquire/purchase a new (or utilize existing) mobile unit including medical supplies and necessary equipment. Please note that EHE cooperative agreement funds shall NOT be used for vehicles purchased without the County obtaining written prior approval from HRSA's Division of Grants Management Operations (DGMO). Proposals seeking funding for vehicle rentals will not be considered.
- 2) Hire Staff including a Physician or Advanced Practice Registered Nurse (APRN), a Community Health Worker, and a Driver / Attendant.

b) EHE Mobile GO Teams Services

Implement Mobile GO Teams services, including regularly scheduled routes to high HIV incidence geographic locations (also known as "hotspots"). Include how the proposing organization will:

- 1) Quickly respond to HIV outbreaks identified by FDOH-MDC or the County (Pillar Four) and 2) to provide rapid access to care and treatment to identified clients not in care (Pillar Two) (i.e., not duplicating testing activities conducted by FDOH-MDC and focusing efforts on care and treatment).
- 2) Use EHE Mobile GO Teams services to address barriers (e.g., homelessness or housing instability, transportation, stigma, etc.) to accessing medical care, HIV medications, and supportive services.
- 3) Use Mobile GO Teams services to address issues affecting clients' ability to obtain and maintain viral suppression.
- 4) Established policies and procedures so that the FDOH-MDC or the County can quickly mobilize the mobile response team to the affected hotspot(s) (i.e., single point of contact, hotline, etc.).
- 5) Provide stigma-free HIV care and treatment—including protecting client confidentiality and privacy (i.e., delivering services without using vehicle markings, signage or any displays otherwise that promote or identify services as HIV/AIDS-related).

4.0 RESPONSE REQUIREMENTS AND RFP SUBMISSION INSTRUCTIONS FOR PROPOSERS

NOTE: Items for Proposers to respond to for this Solicitation begin below in Section 4.17, Contents of Proposal.

4.1 Timeline and Submission Deadline

Please refer to Page 2 of this RFP Solicitation document for submission instructions and Section 1.2 of this RFP Solicitation document for a detailed RFP Timeline, including submission deadline.

4.2 Designated Contact Person and Technical Assistance

Miami-Dade County is committed to providing technical assistance to prospective Proposers for this solicitation. Questions must be submitted in writing, and received by U.S. mail, fax, or e-mail no later than 5:00 p.m. (local time), Friday, June 16, 2023. Proposers for these funds are encouraged to submit any written questions about the programmatic or technical aspects of this Solicitation in writing to the County by delivery, fax, or email by this deadline, with a copy to the Clerk of the Board, at Clerk.Board@miamidade.gov. Questions must reference this Solicitation as: "RFP No. EHE-2223" in the subject line.

Please address all correspondence to the Designated Contact Person for this Solicitation:

**Daniel T. Wall, Assistant Director
Office of Management and Budget - Grants Coordination
111 NW 1st Street, 22nd Floor
Miami, Florida 33128
(305) 375-4742
Fax: (305) 375-4454
Email: HIV-AIDS@miamidade.gov**

Under the Cone of Silence provisions described in Section 1.6 of this RFP Solicitation document, the written submission of questions or attendance at a Pre-Proposal Conference will be the only opportunities to ask technical questions about this Solicitation.

4.3 Pre-Proposal Conference

Attendance at the scheduled Pre-Proposal Conference to be conducted by Miami-Dade County is **strongly encouraged**. This session will provide an opportunity for Proposers to raise questions about any requirements of this RFP. The date, time, and location for this Pre-Proposal Conference is indicated on the cover page of this Solicitation as well as below.

Pre-Proposal Conference has been scheduled as follows: Pre-Proposal Conference will be held on **Monday, May 22, 2023 at 10:00 a.m. (local time) via Zoom Meeting. To join the Zoom Meeting, go to:**

Join Zoom Meeting

<https://miamidade.zoom.us/j/81214639546?pwd=WXMzMk1LcW9yVTM2bW0rWW11clhhdz09>

Meeting ID: 812 1463 9546

Passcode: 313721

One tap mobile

+17866351003,,81214639546# US (Miami)

Dial by your location

+1 786 635 1003 US (Miami)

Meeting ID: 812 1463 9546

Find your local number: <https://miamidade.zoom.us/u/kdPPrwHsw1>

Members of the public are not required to enter their name to join the webinar if they do not wish to do so. Members may identify themselves as “Public Attendee.”

Members of the public will be permitted to pose questions at the end of the Pre-Proposal Conference. In order to do so, attendees must use the “Raise Your Hand” functionality in Zoom by clicking on the three dots located in the lower right corner of the Zoom window and then select “Raise Your Hand.”

Virtual meeting room will open at 9:30 a.m. to admit participants.

- **Host:** RFP Contracting Officer, Daniel T. Wall
- **Zoom Host Username:** Daniel.Wall@miamidade.gov
- **ADA Contact:** <https://zoom.us/accessibility> and Courtney Gillens (Courtney.Gillens@miamidade.gov)
- Link to Download Zoom: <https://zoom.us/download>

Proposers shall arrive promptly as the meeting will start on time. Proposers are requested to have a copy of the Solicitation handy during the Pre-Proposal Conference. This meeting is exempt from the ‘Cone of Silence’, allowing for any questions to be addressed with representatives from Miami-Dade County. This is a public meeting and multiple members of individual community councils may be present. The County is not responsible for any costs incurred by potential Proposers to attend the Pre-Proposal Conference.

4.4 Additional Information / Addenda

Requests for additional information or clarifications must be made in writing and received via fax or e-mail to the Designated Contracting Officer for this Solicitation as indicated above in Section 4.2. The written request must contain the Proposer’s name, organization, address, phone number, fax number, email address, and a reference to this Solicitation’s Title: **“RFP No. EHE-2223 - Ending The HIV Epidemic (EHE) Initiative Services: HealthTec, Quick Connect, Housing Stability, and Mobile GO Teams.”**

Miami-Dade County will issue responses to inquiries and any other corrections or amendments it deems necessary in a written addenda or addendum issued prior to the Application Due Date. Proposers should not rely on any representations, statements, or explanations other than those made in this RFP Solicitation document or in any written addenda/um to this RFP. Where there appears to be conflict between this Solicitation and any addenda/um issued, the last addenda/um issued shall prevail. It is the Proposer’s responsibility to ensure receipt of all addenda/um. The Proposer should verify with the designated Contracting Officer prior to submitting an application that all addenda/um have been received. Any and all addenda/um will be sent via e-mail to all registered participants in this RFP process and will be made available on the Office of Management and Budget-Grants Coordination website at: <https://www.miamidade.gov/grants/RFP/EHE-2223/EHE-2223-email-login.asp>. Proposers are required to acknowledge the number of addenda/um received as part of their application. (See the Acknowledgement of Receipt of Addenda/um Form included in **Appendix D** of this RFP.)

Proposers who obtain copies of this Solicitation and who do not register with their contact information, or who obtain copies from sources other than those listed in this section of the Solicitation risk the potential of not receiving a complete document and/or any addendum/a, as their names will not be included on the list of registered agencies participating in the process for this particular Solicitation. Any such Proposers are solely responsible for those risks.

4.5 Submittal Requirements (Instructions for Proposers)

The proposal shall be written in sufficient detail to permit the County to conduct a meaningful evaluation of the proposed

services. However, overly elaborate responses are not requested or desired.

Proposals **MUST** follow the proposal submission requirements in Section 4 of this RFP solicitation, and **MUST** address all of the topics in Section 4.17, Contents of Proposal, below in the sequence outlined. In addition, the attachments **MUST** also be submitted in the order specified (**see Attachments list in Section 8.0 of this RFP**). Include a copy of this **Application Checklist** as **Attachment 2** to the RFP application. Proposals **MUST** contain each of the listed documents below, fully completed, signed, and notarized where required. Proposals submitted which do not include the required line item budget and corresponding narrative budget justification may be deemed non-responsive and may not be considered for contract award. Responses are to be concise and consist only of the answers to the questions posed. Extraneous material or information not requested should not be submitted. **Do not exceed the specified page limitations.**

All materials are to be submitted on 8 1/2" by 11" white paper only, neatly typed on one side only (NOT double-sided), with standard 1-inch margins all around, single spacing, a standard font (e.g., Arial or Times New Roman only), and a font size not less than 12 point (tables and graphs are acceptable in 10 point font). Do not staple, spiral bind, or place the proposal in a three-ring binder. Instead use a binder clip, rubber bands, envelopes, etc. to keep your proposal together. Proposals must be received by the submission deadline.

Proposers must submit two complete, identical versions of the proposal as follows: 1) one signed hardcopy original, clearly labeled as such and 2) one complete copy; both with the RFP title, "RFP No. EHE-2223 – Ending The HIV Epidemic (EHE) Initiative Services: HealthTec, Quick Connect, Housing Stability, and Mobile GO Teams," in a sealed envelope or container addressed to Daniel T. Wall, Assistant Director, Miami-Dade County, Office of Management and Budget – Grants Coordination (OMB-GC) to:

**Miami-Dade County Clerk of the Board
Stephen P. Clark Center (SPCC)
111 NW 1st Street, Suite 17-202
Miami, FL 33218**

Proposers must submit one complete signed hardcopy original document packaged into two separate parts, as follows:

Part One: Grant Application Proposal must include: Application Cover Sheet, Proposal Submission Checklist, Proposal Narrative, Budget Form(s), and Budget Narrative(s).

Part Two: [All Other] Required Attachments must include all [other] Required Attachments as listed in Section 8.0 of this RFP. Also include the Section 8.0 Application Checklist.

Proposers must also submit one complete copy divided into separate parts as described above.

Applications are due by 2:00 p.m. (local time) on Wednesday, June 28, 2023. Please see the Proposal Submission Instructions on Page 2 of this RFP Solicitation document. **No other submission methods will be accepted.** Proposers are solely responsible for completing the RFP Solicitation application, following all instructions (required forms, attachments, etc.), and submitting the materials on time, on or before the submission deadline.

4.6 Packaging/Labeling of RFP Application Submission

The information identified in **Appendix C** of this Solicitation document titled "**Label**" must be affixed to the outside of the sealed envelope or container (box).

4.7 Minimum Submission Requirements

All applications will be screened by Miami-Dade County's Office of Management and Budget-Grants Coordination, to ensure compliance with the following minimum requirements for this Solicitation:

- 1) Timely and complete submission of the application package;
 - a. Include Application Checklist with fully completed application in prescribed order;
- 2) Must submit the proposing organization's last completed fiscal, certified audit including related management letter and/or financial statements (as **Attachment 5**), annual agency-wide operating budget (as **Attachment 16**), and a description of how the program will be implemented on a reimbursement basis; (if the non-Federal entity elects "pay in advance", the proposer must describe how their organization complies with the Federal requirements for advance payment stated in 45 CFR § 75.305) and plans to comply with contractual audit requirements if only the financial statements are available at the time of the application submission.

As per the submission guide in Section 4.5 of this RFP Solicitation document, submit one (1) copy of the audit with the hardcopy original proposal and one (1) with the complete proposal copy.

- 3) Must provide services in Miami-Dade County;
- 4) Must submit as **Attachment 17** the two (2) most recent independent site visit monitoring reports issued by applicable funding sources; or an explanation of why such a report is not available. Submit the two (2) monitoring reports with the hardcopy original proposal and with the complete proposal copy.
- 5) Must submit one (1) signed hardcopy original proposal and one (1) complete proposal copy as described in Section 4.5 above;
- 6) Must submit as **Attachment 15** the proposer's most current tax return in the full legal name of the proposing organization with the hardcopy original proposal and with the complete proposal copy;
- 7) Must submit as **Attachment 14**:

A current Certificate of Status from the Florida Department of State - Division of Corporations (FDOS-DOC) (www.sunbiz.org) certifying the proposing organization is organized under the laws of the State of Florida or authorized to conduct business in the State of Florida, the date of filing, that all fees and penalties have been paid, that the Proposer's most recent Annual Report has been filed with the FDOS-DOC, that the status is active, and the Proposer has not filed Articles of Dissolution or a Certificate of Withdrawal;

OR

A copy of the Proposer's "Detail by Entity Name" page accessible at www.sunbiz.org and a copy of the most current Annual Report from the same webpages, showing the Proposer's FEI/EIN Number, status as "Active", and the "Filed Date" of the most current Annual Report must be within this current calendar year.

Submit these documents with the hardcopy original proposal and with the complete proposal copy.

- 8) FOR NON-PROFIT ORGANIZATIONS ONLY:

- a. Must provide an IRS letter of determination documenting tax-exempt status [e.g., 501(c)3 letter]
- b. Must provide and IRS Form 990, Return of Organization Exempt from Income Tax, in the name of the proposing organization

Miami-Dade County is not responsible for making copies or otherwise fulfilling the application requirements for Proposers who do not submit the required documentation and/or number of hardcopies. It is each Proposer's responsibility to ensure that their application is timely and complete when submitted and that it contains the necessary components, documentation, and attachments as required by Miami-Dade County, as indicated in this Solicitation.

4.8 Pre-Selection Site Visits

Miami-Dade County reserves the right, at its sole discretion, to conduct a pre-selection site visit to review the administrative, programmatic, and fiscal operations of any organization that is being considered for funding under this Solicitation.

4.9 Modifications

Modifications and/or additions received after the application due date will be considered late except for those modifications and/or additions allowed during the cure period to address technical deficiencies identified by staff.

4.10 Solicitation Postponement or Cancellation

If for any reason, funds are not allocated or available to support these projects, Miami-Dade County reserves the right to postpone or cancel this Solicitation at any time. Miami-Dade County may, at its sole and absolute discretion, reject any and all, or parts of any and all applications; re-advertise this Solicitation; postpone or cancel this Solicitation process; or waive any irregularities in this Solicitation, or in the applications received as a result of this Solicitation.

4.11 Costs Incurred by Proposers

Any and all expenses involved in the preparation and submission of applications under this Solicitation, or any work performed in connection with development and submission of the application shall be borne by the Proposer(s). No payment will be made for any responses received by Miami-Dade County or for any other effort required of, or made by the Proposers prior to commencement of work, as defined by a contract to be entered into between Miami-Dade County and the entity(ies) approved for funding under this Solicitation.

4.12 Changes/Updates of Proposer's Location or Official Contact Information

It is the responsibility of the Proposer to update its application concerning any changes in its contact information (i.e., contact person, telephone number, address, e-mail address, etc.).

4.13 Withdrawal of Applications

Applications shall be irrevocable until contracts are awarded unless the application is withdrawn. An application may be withdrawn, in writing only, addressed to Miami-Dade County's designated RFP Contracting Officer for this Solicitation as listed in Sections 1.4 and 4.2, above.

4.14 Preliminary Screening and Due Diligence Review

All proposals will be screened by the Office of Management and Budget - Grants Coordination for compliance with

minimum criteria as described in Section 4.7 of this RFP Solicitation. Proposals that meet the minimum criteria will be considered reviewable.

A due diligence search and organizational review will be conducted by OMB staff for each Proposer and any proposed subcontractors utilizing a standard checklist developed for this purpose (**Appendix F**). The results of this due diligence and organizational review for each proposal will be shared with the Evaluation/Selection Committee(s). The results of this review will be taken into account by the Evaluation/Selection Committee(s) when scoring and making award recommendations. The results of the due diligence and organizational review will be reported to the Board of County Commissioners at the time a recommendation for funding is provided by the County Mayor.

4.15 Past Performance

A Proposer's past performance as a prime contractor, subrecipient, or subcontractor on previous Miami-Dade County contracts or other related contracts from other funding sources shall be taken into account in evaluating the proposals received for funding under this Solicitation. Proposers may have up to five (5) points subtracted for instances or circumstances where their organization has significant Single Audit, site visit monitoring, contract compliance, or due diligence findings.

4.16 Qualifications/Statement of Qualifications

Successful Proposers **MUST** have sufficient financial resources to meet expenses incurred during the period between the purchase of services and payment by the County. It is anticipated that the County will pay for services rendered within thirty (30) days of the receipt of invoice, deemed correct and acceptable by the County once the contract is executed.

4.17 Contents of Proposal

To be scored and rated as being fully adequate, each proposal must include the following information:

A. Application Cover Sheet

Include on the **Application Cover Sheet (see Appendix A, Page 1, of this RFP Solicitation and include this form as Attachment 1.1)** the services to be provided (i.e., official title of the service category or categories the Proposer is requesting to be funded under this Solicitation – listing the HealthTec request on a separate line from the Quick Connect funding requests, and so on), the amount of funds being requested to provide these services, and the name/contact information for the Subrecipient's program coordinator or program liaison for these services. Complete and include the **Proposal Submission Certification (see Appendix A, Page 2, of this RFP Solicitation and include this form as Attachment 1.2)**.

The original version of these forms must be signed by an officer of the Proposer(s) who is legally authorized to enter into a contractual relationship in the name of the Proposer(s). The Proposer(s) must affix the proposing organization's corporate seal to the original copy of these documents, and in the absence of a corporate seal this form must be notarized by a Notary Public. The ORIGINAL hardcopy proposal should be clearly marked as such on **Attachment 1.1 – Application Cover Sheet**.

Submit these documents with the hardcopy original proposal and with the complete proposal copy.

B. Table of Contents

A Table of Contents should be included with the application in response to this RFP. The Table of Contents

should outline in sequential order the major areas of the proposal. All pages of the proposal including the attachments must be clearly and consecutively numbered and keyed to the Table of Contents. Attachments can be numbered differently/separately but each page with the attachment should be numbered sequentially. Include the Table of Contents as **Attachment 1.3**.

C. Minimum Qualification and Submission Requirements

Per Section 2.1, Eligibility to Apply, and Section 3.0, Scope of Services, of this RFP Solicitation, there are no minimum qualification requirements. However, Proposers shall provide documentation as requested in this RFP Solicitation. If a prescribed format or required documentation for the response to minimum submission requirements (e.g., proof of licensure) is listed below, Proposers must submit such documentation. A line item budget and corresponding narrative budget justification must be submitted for each requested service category.

D. Abstract for the Proposed Service(s)

The abstract(s) must include the **full, legal name of the proposing organization**; corporate/tax status of proposing organization (i.e., non-profit/not-for-profit or for-profit); a brief description of the proposed service(s) and the amount of the total budget request for each service. **(Limit 1 page per proposed service component.)** Submit the Abstract(s) as **Attachment 1.4**, and number them as follows: 1.4a, 1.4b, etc.

E. Narrative [include as Attachment(s) 1.5a, 1.5b, etc.]: Organizational Longevity, Experience, Financial Capacity, Cultural Sensitivity and Linguistic Capabilities of Key Staff, Minority and Gender Representation, Special Populations, Client Involvement in Decision-making, Quality, Cultural Sensitivity, Confidentiality, and Administration (Complete this section once in the proposing organization's application and do not exceed 15 pages, not including forms and/or appendices)

- 1) Describe the proposing organization's general history, including the date when the organization first started providing services in general. Do not limit your response to past experience in providing Ryan White Program services.

Identify the corporate/tax status of the proposing organization (non-profit/not-for-profit or for-profit). Include as **Attachment 3** to the RFP application documentation of corporate/tax status in the name of the proposing organization and subcontractors, if applicable.

Describe the proposing organization's mission, vision, and achievements. State the full range of services that the proposing organization currently provides. If the proposing organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the ongoing operation of the proposing organization's service programs (components) related to this RFP Solicitation.

- 2) Submit as **Attachment 5** to the RFP application the proposing organization's most current, annual certified audit (including Single Audit, if applicable) verifying that the agency is on sound financial footing and able to implement the funded service(s) on a reimbursement basis. Financial statements alone do not represent a complete audit. Therefore, if a complete certified audit is not available, financial statements and detailed plans to comply with contractual audit requirements in accordance with the federal Uniform Guidance, as detailed in **Appendix H**, Professional Services Agreement (i.e., draft form Agreement template), Article VI, Sections 6.1 and 6.2, as well as Article VII, Section 7.5 (C), OF THIS RFP solicitation packet, **MUST** be submitted as part of the proposal

narrative in response to this item. At a minimum, non-profit organizations must submit as **Attachment 15** a copy of their most current IRS Form 990.

Submit **Attachment 15** with the hardcopy original proposal and with the complete proposal copy.

- 3) Describe the proposing organization's past performance in managing contracts of a similar nature to the funding being requested in this RFP (i.e., local, state, or federal funding) or relevant service component (e.g., outpatient medical care; case management services; telehealth; housing services; provision of diagnostic and healthcare services via mobile unit, rapid access to care; etc.). Submit complete copies of the two (2) most recent independent monitoring site visit reports from major funding sources or adequately explain why the proposing organization is unable to provide copies of such reports. Indicate if outcomes and performance measures with the funding source(s) were met, and identify the relevant funding source(s). Identify if a corrective action plan was required to be submitted to a funder, and the status of the corrective action plan. Submit copies of any related non-compliance notifications from a funding source for contracts of a similar nature.
- 4) Describe the proposing organization staff's experience, especially the length of time that key staff has provided the proposed service(s). Describe the proposing organization's qualifications and accreditations reflecting the ability to manage and provide the services requested in this RFP Solicitation. Include as **Attachment 4** to the RFP application an organizational chart showing all key personnel of the proposing organization.
- 5) Describe the proposing organization's capacity to respond to special client groups, such as persons with disabilities and special needs, as well as individuals who lack transportation resources and people with HIV. Describe the proposing organization's cultural and linguistic capabilities. Provide information related to the proposing organization's adherence to any nationally recognized culturally and linguistically accepted standards, including, but not limited to, compliance with Title VI of the Civil Rights Act and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards).
- 6) Describe the proposing organization's client orientation and intake processes, including how the proposing organization informs clients of the services offered at the agency and other services available in the community at large.
- 7) Describe the proposing organization's internal client screening processes to determine medical eligibility for the EHE Project, as well as medical, financial, and Miami-Dade County residency for proof of eligibility for services offered under other benefit programs, including but not limited to Medicare, Medicaid, the Ryan White Part A/MAI and Part B Programs, or private insurance.
- 8) Describe how the proposing organization ensures that the EHE Project is not the agency's sole funding source. Describe the proposing organization's plans to increase its revenue in general and for its HIV-related services over the next five years.
- 9) Indicate whether or not the proposing organization is a Medicaid [including, but not limited to, Managed Medical Assistance (MMA) and Long-Term Care (LTC)] and/or Medicare provider. Indicate the number and percentage of clients served by the proposing organization who have been identified as Medicaid-eligible. Indicate whether or not the proposing organization is designated by the Bureau of Primary Health Care as a Federally Qualified Health Center (FQHC).
- 10) Describe the proposing organization's procedures or billing practices that will be used to bill other

third-party payors such as Medicaid, Medicare, Private Insurance, etc. Describe how the proposing organization will ensure that EHE then Ryan White Part A/MAI Program funds will be used as payor of last resort. If the proposing organization is a Federally Qualified Health Center, describe the FQHC-covered services, the FQHC billing or reimbursement process, and how the EHE then Ryan White Part A/MAI Program will be used as the payor of last resort.

- 11) Describe the proposing organization's policies and procedures for issuing or receiving external referrals; explain all phases of the referral process. List the agencies with whom the proposing organization has existing Memoranda of Understanding, referral and linkage agreements, letters of commitment, or other documentation of working relationships with any organization providing HIV/AIDS services. Include the date that each these formal agreements began.
- 12) Describe the proposing organization's: a) ability to utilize Provide® Enterprise Miami, Miami-Dade County's data management system for the EHE Project; b) system for collecting, maintaining, and reporting client-level and service delivery data as a backup to the Provide® Enterprise Miami system; c) system for assigning a unique agency identifier (e.g., agency ID) to each client to ensure accurate reporting of unduplicated client case load; and d) ability to ensure compliance with timely submission of all Miami-Dade County and HRSA programmatic, fiscal and administrative contractual reporting requirements in relation to the EHE Project .
- 13) Explain the proposing organization's system for safeguarding the confidentiality of clients (i.e., program-eligible people with HIV who are receiving services from the EHE Project or Ryan White Program, if applicable) and client records. Include in narrative form or as attachments the proposing organization's: definition of confidentiality [Health Insurance Portability and Accountability Act of 1996 (HIPAA), etc.]; policies regarding staff's compliance with confidentiality laws governing the protection of confidential information and privacy of service recipients (clients); efforts to conduct regular staff training on confidentiality issues, protection of client records, exchange and release of information, and protection of client's privacy; and how staff's knowledge of and compliance with confidentiality regulations is documented.
- 14) Describe the proposing organization's internal processes or measures used to monitor and control the quality of care provided by staff.
- 15) Explain how the proposing organization delivers services to people with HIV to ensure the services are provided in a compassionate, courteous, and non-judgmental manner. Explain the proposing organization's customer service approach. Specifically describe what policies and procedures are in place and what training is provided to staff (e.g., front office staff, receptionist, managers, medical staff, medical case managers, etc.) to ensure a compassionate, courteous, and non-judgmental service experience for EHE Project clients (e.g., from when the client calls to set an appointment, checks in with the receptionist upon arrival at the agency, sits in the waiting room, receives services, checks out after services are rendered, to when the client is contacted for follow up care).
- 16) Summarize the proposing organization's current grievance procedures, or those proposed to be established for the purposes for which the proposing organization is applying for funding under this RFP Solicitation. Indicate how the proposing organization informs customers (clients) and other service providers of its own grievance policies. Indicate how many client grievances (formal or informal) the proposing organization received in the past twelve-month period, and how many of these grievances were successfully resolved. Include, as **Attachment 6** to the RFP application, a copy of the proposing organization's grievance policies. Do not submit a copy of the Partnership or County's grievance policies and procedures (**included as Appendix I for reference only**) as

Attachment 6.

- 17) Explain how the proposing organization solicits input from or involves people with HIV in its decision-making processes. Indicate whether or not the proposing organization has an established Client Advisory Board (CAB); and, if so, how often the CAB meets.
- 18) Include, as **Attachment 7** to the RFP application, a current listing of the proposing organization's Board of Directors, Officers of the Organization, and Advisory Council Members. Provide a racial, ethnic and gender breakdown of the proposing organization's Board members and of the organization's staff (paid and volunteer).
- 19) Include, as part of the response to this proposal, a statement that ensures that the proposing organization serves all clients without regard to race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, gender identity, gender expression, sexual orientation, veterans status, source of income, or actual or perceived status as a victim of domestic violence, dating violence, or stalking.
- 20) Describe any prior or pending litigation, either civil or criminal, involving a governmental agency or any other entity, which may affect the performance of the services to be rendered herein, in which the proposing organization, any of its employees or subcontractors (subconsultants) is or has been involved within the last five (5) years. Complete the Contractor Due Diligence Affidavit identified in **Appendix D** of this RFP Solicitation and include it as **Attachment 13e** of the Proposer RFP application.
- 21) Explain how the proposing organization will ensure that services provided under an agreement (contract) resulting from this RFP will not be impacted by matters of conflict of interest. Also identify if any family members – by blood, adoption, or marriage – will be providing services proposed herein.

NOTE: A contract resulting from this RFP Solicitation has restrictions related to nepotism [i.e., no relative of any officer, board of director, manager, or supervisor employed by a Subrecipient shall be employed by the Subrecipient unless the employment preceded the execution of the corresponding contract agreement by one (1) year]. No family member – by blood, adoption or marriage – of any employee may be employed by the Subrecipient if the family member is to be employed in a direct supervisory or administrative relationship either supervisory or subordinate to the employee. This applies to both full-time and part-time employees and voting members of the organization's Board of Directors or Trustees.

- 22) Describe how the proposing organization recruits new clients to its agency.
- 23) Describe the proposing organization's current or planned activities to address stigma and discrimination experienced by people with HIV.

F. Narrative (include as Attachments 1.6a, 1.6b, etc.): Proposed Service(s) – Service Experience, Need, Program Plan, and Quality (Complete once for each proposed service category and do not exceed 10 pages per service category, not including required forms and/or appendices)

Carefully review the service category definition(s) included in **Section 3.0, SCOPE OF SERVICES.**

In the proposing organization's response to this section, describe the proposed service(s) by addressing all items below. **Proposing organizations are reminded that no exceptions may be taken to any requirements specified in the service definitions.**

- 1) Describe the proposing organization's **past** experience in providing the services in the proposed service category, including a brief description of the service provided, when the proposing organization began providing the service, as well as the amount and source of the funding received (i.e., federal, state or local contracts or grants), number of unduplicated clients served annually, and over what time period.
- 2) If the proposing organization **currently** provides the same type of service as requested in this proposal, indicate the entity (funding source and program) under which the service is being provided, number and level (i.e., full-time equivalent) of the staff providing the proposed service, the amount of funding, the number of unduplicated clients served annually, and time period of the existing agreement. Complete a Funding Source Summary Form (**Appendix K**) and include this form as **Attachment 10** to the RFP application. **Appendix K** includes instructions for completing the Funding Source Summary Form.
- 3) Describe the level of need/demand for each proposed service as experienced by the proposing organization. In addition, describe the specific client groups, by gender and race/ethnicity, who are in need of the service(s). Specify the proposed program's target geographic area(s) and population(s) to be served.
- 4) Provide a description of the proposing organization's service approach and the rationale underlying the approach to be taken in providing the service. Describe what makes this approach innovative and creative. What approach(es) to service delivery will the proposing organization use to address or mitigate the potential impact of stigma, client confidentiality, privacy or disclosure issues? Provide a description of how the proposing organization will provide culturally sensitive services to specific racial/ethnic groups. Explain how the proposing organization will monitor client's adherence to HIV treatment and how HIV treatment adherence issues will be identified and resolved.

Be sure the service approach is in line with the brief service descriptions noted in **Sections 1.1, 3.17.1 through 3.17.4**, of this RFP solicitation document.

IMPORTANT NOTES:

- **If applying for HealthTec:** describe how the planned approach will lead to improved access to medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and other services as appropriate; easier access to Ryan White Program enrollment without the need for transportation to an appointment or for childcare; removed barriers related to fear of disclosure and stigma; simplified follow-up care; reduced barriers to treatment adherence; improved treatment adherence leading to improved viral suppression. Explain how the proposing organization will address the access to and understanding of how to use telehealth services for clients who do not currently have the means (e.g., smartphones and internet service) or knowledge to use telehealth technology. Identify best practice approaches to improve service delivery. Describe how the proposing organization will acquire/purchase the telehealth technology (hardware, software, internet provider media plan); limit the use of the technology (hardware and software) for the purposes and functionality required for the provision and receipt of telehealth services by the proposing organization and the clients, respectively; distribute to and monitor use of the technology by clients; and ensure

the telehealth hardware, software and internet access are HIPAA compliant. Describe how the proposing organization will use HealthTec services to address barriers (e.g., childcare, transportation, stigma, etc.) to accessing medical care, HIV medications, and supportive services. Address how the proposing organization will use HealthTec services to address issues affecting clients' ability to obtain and maintain viral suppression. Describe how the proposing organization will develop or work with the County to develop HIPAA compliant participant (client) agreements.

- **If applying for Quick Connect:** describe how the planned approach will lead to increased HIV medical care capacity by educating non-Ryan White Program (RWP)-funded medical practitioners in the community about HIV clinical guidelines and available treatment and support resources in the community; improved access to medical care, antiretroviral medications, medical case management, mental health counseling, and substance use disorder services for individuals diagnosed in doctors' offices, hospitals, clinics, urgent care centers, or emergency rooms, using the local TTRA model; and improved linkage to care and treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home, including those who are not eligible for RWP services. Describe how the proposing organization will develop a welcome/informational packet to leave with these medical practitioners for use in informing potential clients of available HIV-related services in the community. Describe how the proposing organization will immediately or timely link newly identified clients to ongoing HIV medical care and HIV medications, through an on-call response team and/or through the direct provision of transportation assistance [e.g., transport by funded organizations' designated staff (Quick Connect Navigator); agency van services; County Special Transportation Services (STS), rideshare services such as Uber or Lyft as a last resort solution, etc.]. Identify best practice approaches to improve service delivery.

- **If applying for Housing Stability Services:** describe how the planned approach will lead to improved housing stability for people with HIV through the provision of transitional, short-term, or emergency housing assistance and support to clients experiencing homelessness or housing instability to ensure clients' ability to secure and / or maintain safe, decent, and affordable housing; improved linkages to and retention in ongoing core medical and behavioral health services [i.e., medical care, antiretroviral medications (ARVs), medical case management, mental health counseling, substance use disorder services, etc.] available throughout the community; and improved treatment adherence leading to improved viral suppression. Explain how the proposing organization will develop and utilize a housing-first approach to directly provide rental and utility subsidies, moving incidentals, etc.; facilitate linkage to additional wraparound supportive services as determined by a comprehensive assessment; offer vocational and life skills support to interested clients; provide case management to develop and implement a plan to ensure ongoing housing stability for people with HIV; and monitor clients' overall progress to provide further support and interventions as necessary. Describe how the proposing organization will navigate existing systems throughout the community to engage and work with landlords to ensure placement and provide HSS without revealing a client's HIV status. Identify the background, education, and skills the proposing organization will require of current staff or candidates to be hired (e.g., housing navigators) for the proposed project to be successful. Describe how the proposing organization will work with providers and clients to monitor levels of viral load. Describe how the proposing organization will coordinate and integrate with existing housing advocacy and related legal services in the community. Identify strategies the proposing organization will utilize to help clients sustain housing status once achieved. Identify best practice approaches to improve service delivery.

- **If applying for Mobile GO Teams:** describe how the planned approach will lead to increased response time to HIV transmission clusters; improved access to medical care and antiretroviral medications, using the local TTRA model; improved linkage to and retention in care for hard-to-reach client populations; increased treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home, including those who are not eligible for RWP services. Describe how the proposing organization will procure a new or utilize an existing mobile unit including medical supplies and equipment to carry out the work under this project component. Proposing organizations must describe the required procedures that will be established so that the FDOH-MDC or the County can quickly mobilize the mobile response team to the affected hotspot(s) (i.e., single point of contact, hotline, etc.). Address how the proposing organization will provide culturally affirming, trauma-informed, and stigma-free HIV care and treatment—including protecting client confidentiality and privacy—delivered by trained providers who prioritize a positive experience for all individuals seeking services. Identify best practice approaches to improve service delivery. 5) Describe the proposing organization's specific policies and procedures regarding quality of care in the provision of the proposed service(s), and describe all processes established to ensure quality of services to people with HIV.
- 6) Provide a schedule of hours of operation for the proposed service(s), a list of sites where the services will be available (i.e., where HealthTec and Housing Stability services will be based; and geographic target areas for the purpose of ensuring the provision of countywide Quick Connect and Mobile GO Teams services), an estimated number of clients to be served, and an estimated number of units of service to be provided. Address the accessibility of services and the service location(s) (i.e., ADA, agency transportation, public transportation, etc.).
- 7) Indicate if staff required to provide the proposed service(s) is currently employed by the proposing organization or if recruitment will be necessary. Identify a staff person to serve as the Official Contact (e.g., Program Director, Contract Coordinator, or other liaison) for the contract; said individual will be responsible for monitoring the contract provisions and must be available to meet with the County's OMB-GC staff to review activities on an "as needed" basis.

IMPORTANT NOTE: After proposal submission, but prior to the award of any contract issued as a result of this RFP Solicitation, the proposing organization has a continuing obligation to advise the County in a timely manner of any changes, intended or otherwise, to the key personnel identified in its proposal for each service category.

- 8) Include as **Attachment 8** to the RFP application resumes and job descriptions for all key staff who will be providing direct services to clients under the service category(ies), as well as the resume and job description of the staff to be assigned as the proposing organization's contract liaison to the County OMB-GC office if the application is successful. Also include as **Attachment 9** to the RFP application licenses for key professional staff, where applicable. Indicate if the proposing organization has any relevant accreditations (e.g., Joint Commission, etc.). (Approximately one page per person per resume and per job description; not included in page limit for this section).
- 9) Describe any innovations, standards, or best practices that have been implemented by the proposing organization in delivering the proposed service. Also describe how the proposing organization intends to provide specific services to meet clients' needs using a comprehensive approach. As an example, the proposing organization may describe its process for obtaining moving resources (e.g., moving rentals, equipment, etc. if applying for HSS).

- 10) Describe how the proposing organization will evaluate (internally and through external feedback) the quality and effectiveness of the services it would provide under the proposed project, how it will detect deficiencies in service delivery under the proposed project, and how it will remedy identified problems or deficiencies. Also, confirm if the proposing organization agrees to actively participate in the Miami-Dade County Ryan White Program Clinical Quality Management process to help improve service delivery, appropriateness of clinical HIV care, and client satisfaction with services.

G. Line Item Budget and Narrative Budget Justification

- 1) Due to Federal requirements, the proposing organization **MUST** submit a categorical line item budget (see **Appendices B.1 and B.2** of this Solicitation), and narrative budget justification(s) (see **Appendix B.5** of this Solicitation) for each direct and indirect/administrative cost associated with the proposed service, using the object class categories listed below. Unless the proposing organization has a negotiated Federal Indirect Cost Rate Agreement (FICRA), a total dollar amount for indirect/administrative charges without a detailed breakdown on the budget form will not be accepted. Failure to submit the categorical line item budget with the proposing organization's proposal will **DISQUALIFY** the proposer from further consideration by the Evaluation/Selection Committee for award of funds. The proposing organization must also submit a copy of its current agency-wide budget, as **Attachment 16**. Submit a categorical line item budget form and narrative budget justification – one for each service category in the Proposer's application – as **Attachments 11a and 12, respectively**, to the RFP application. If applying for multiple service categories, number the line item budget forms as **Attachments 11a.1, 11a.2, etc.**; and number the corresponding narrative budget justifications as **Attachments 12.1, 12.2, etc.**

Object Class Categories, as referenced in **Appendices B.1 through B.5**, include: Personnel (salaries and fringe benefits), contractual expenses, supplies, travel, equipment, other direct costs, and indirect administrative charges. The line item budget should include all program related expenses for which funds are being requested.

A narrative budget justification must be included as part of this section. This narrative should specify how each line item is directly related and/or necessary to the provision of the proposed services. **Indirect/Administrative costs are capped at 10%, regardless of the proposing organization's approved, negotiated FICRA.** In the proposal responses, proposing organizations are required to follow the budget limitations (not to exceed maximum available funds) established by the County, as identified in this RFP Solicitation under **Section 3.0, Scope of Services**. **If applicable, a copy of the proposing organization's FICRA must be included with the submission as Attachment 11b.**

In the opening paragraph of the narrative budget justification, describe the proposing organization's financial capability to undertake the proposed scope of work on a reimbursement basis (i.e., providing the service then submitting an invoice to the County by the 20th day of the month following the month of service, to be paid within thirty (30) days of contract execution and submission of a complete and accurate invoice after the contract has been executed).

OR

In the case of a non-Federal entity which elects "**pay in advance**", describe the proposing organization's method for ensuring compliance with the Federal requirements for advance payments under 45 CFR § 75.305, Payment, of the Uniform Guidance.

Submit these documents with the hardcopy original proposal and with the complete proposal copy.

NOTE: Reimbursement basis is the preferred method of payment if the requirements of “pay in advance” cannot be met, there is a specific award condition set by the Recipient, or the subrecipient requirements to be paid on a reimbursement basis.

Price Forms are no longer required. The County’s data management information system, Groupware Technologies’ Provide® Enterprise, will track each subrecipient’s contract award, the unduplicated number of clients served, the number of service units provided, the unit cost, and the amount to be reimbursed for each service. **In lieu of the Price Forms, in the opening paragraph of the budget narrative for each service category in this RFP application also include: the proposed number of unduplicated clients to be served and the total number of service units planned.**

H. Required Affidavits/Acknowledgments

Proposers MUST complete, sign as required, notarize if necessary, and submit the following documents as part of their response to this RFP:

- 1) All Proposers must acknowledge receipt of all the addenda issued in relation to this RFP Solicitation. See **Appendix D**. The Acknowledgment of Addenda form must be included with the proposal as **Attachment 13a**. Proposers should telephone the Contracting Officer for this RFP prior to submission of their proposal to verify that they have received all addenda issued.
- 2) All Proposers are advised that in accordance with Section 2-11.1(s) of the Code of Miami-Dade County, the Lobbyists Registration for Oral Presentation Affidavit must be completed, notarized and included in the proposal submission. “Lobbyist” specifically includes the principal of the proposing organization, as well as any agency, officer or employee of a principal, regardless of whether such lobbying activities fall within the normal scope of employment of such agent, officer or employee. See **Appendix D** and include this affidavit as **Attachment 13b**.
- 3) All Proposers must complete and include the proposing organization’s Subcontracting Form (including subcontracts and suppliers). See **Appendix D** and include this form as **Attachment 13c**. This form must be submitted to identify all first-tier subcontractors or subconsultants which will perform any part of the contract work and all suppliers which will directly supply materials to the selected Proposer for the work related to the Scope of Services. This form must also be submitted to provide a statement of the Proposer’s subcontracting policies and procedures. This form must be signed by an authorized agent of the proposing organization.

For clarity as this requirement relates to services in this RFP Solicitation, “subcontractors” provide client services related to the proposed Scope of Services described herein to or on behalf of the proposing organization; “suppliers” provide goods and materials for the provision of services, such as medical supplies, pharmaceuticals, etc. Do **not** include general office supplies on this form.

IMPORTANT NOTE: Do not leave this form blank. Failure to complete this form in its entirety or indicate "Not Applicable (N/A)", where appropriate, on sections of the form may deem the proposal non-responsive.

- 4) Proposers must complete and submit a notarized Miami-Dade County Collusion Affidavit. See **Appendix D** and include this affidavit as **Attachment 13d**.
- 5) Proposers must complete and submit a notarized Miami-Dade County Contractor Due Diligence Affidavit. See **Appendix D** and include this affidavit as **Attachment 13e**.
- 6) Proposers must complete and submit a notarized Public Entity Crime Affidavit. See **Appendix D** and include this affidavit as **Attachment 13f**.

Included as **Appendix E** of this RFP Solicitation, solely for the proposing organization's information is the County's Vendor Registration Form Packet. This packet will need to be completed and submitted if and when the Proposer has been selected for contract award.

4.18 Audit Requirements

Proposers must submit, as directed in Section 8.0 of this RFP Solicitation the proposing organization's most current, annual certified audit (Single Audit, if applicable), including, but not limited to, related management letters, verifying that the agency is on sound financial footing and able to implement a funded service on a reimbursement basis, in accordance with the audit requirements as detailed in **Appendix H**, Professional Services Agreement (i.e., draft form Agreement template), Article VI, Sections 6.1 and 6.2, as well as Article VII, Section 7.5 (C), OF THIS RFP solicitation packet. Financial statements alone do not represent a complete audit. However, where applicable, if an annual certified audit is not available, the proposing organization may submit financial statements and an annualized agency-wide operating budget (see **Attachment 16**). The proposing organization must also address in **Section E. 2)** of the proposal narrative how it will comply with contractual audit requirements in accordance with the federal Uniform Guidance and the County's Professional Services Agreement (contract).

4.19 Payment

Proposers must demonstrate their organization's capabilities of compliance with the 45 CFR § 75.305 of the Uniform Guidance if it intends to request "pay in advance" or state that the proposing organization plans to elect to be paid on a reimbursement basis. If the proposing organization plans to elect to be reimbursed on a reimbursement basis, please state its intention response to Section 4.17 (G) of this RFP Solicitation, and provide a description of how the program will be implemented on a reimbursement basis (e.g., organization's ability to provide services prior to receiving payment). **Please note if the proposing organization elects to be paid on a reimbursement basis now, this election does not preclude the organization from requesting to be included in the "pay in advance" process in the future.** During the contract execution process, a Method of Payment Request form will be provided for certification by the subrecipient. If "pay in advance" is the requested method of payment, documentation supporting compliance with the applicable Federal regulations will be requested during the review and approval process of such request.

5.0 EVALUATION & SELECTION PROCESS

5.1 Review of Proposals for Responsiveness

Each proposal will be reviewed to determine if the proposal is responsive to the submission requirements outlined in this Solicitation. A responsive proposal is one which follows the requirements of this RFP Solicitation, includes all required documentation, is submitted in the format outlined in this RFP Solicitation, is of timely submission, and has

the appropriate signatures as required on each document. Failure to comply with these requirements may result in the proposal being deemed non-responsive.

5.2 Evaluation Process and Criteria

The evaluation of proposals and selection of award recommendations will be made during the evaluation/selection process. Proposals will be evaluated by an Evaluation/Selection Committee appointed by the County Mayor. The Evaluation/Selection Committee will be comprised of appropriate County personnel and members of the community, as deemed necessary, with the appropriate experience and/or knowledge; striving to ensure that the Evaluation/Selection Committee is balanced with regard to race, ethnicity, and gender.

The method of award will be based on a qualitative appraisal rating and ranking of responsiveness to RFP Solicitation criteria, based on available point totals for each evaluation criteria and not on a percentage factor. The Evaluation/Selection Committee will evaluate and rank responsive proposals on the evaluation criteria listed below. The criteria are itemized with their respective weights for a **maximum of 100 points**. A Proposer may receive the maximum points or a portion of this score depending on the merit of its proposal, as determined by the Evaluation/Selection Committee.

Following the qualitative appraisal and oral presentations (if conducted; see below), the Evaluation/Selection Committee will then report its findings as to relative merit and recommendation for contract award to the County Mayor for review and concurrence. The County Mayor will then forward recommendations to the Board of County Commissioners for review and concurrence. The County Mayor then has ten (10) calendar days in which to make final decisions regarding whether veto authority will be exercised.

A. PROPOSAL EVALUATION CRITERIA

Section	Maximum Points
1. Organizational Longevity, Experience, Cultural and Linguistic Capabilities of Key Staff, Confidentiality, Minority and Gender Representation	15
2. Past Performance, Audit, and Monitoring Reports (if applicable) & Due Diligence Review	Up to -5 (minus 5 points)
3. Cost, Budget, Financial Capacity, and Administration	20
4. Service Experience, Need, Program Plan, and Quality of Care and Service Delivery	30
5. Accessibility, Special Populations, Cultural Sensitivity, Barriers to Service Utilization, and Client Involvement in Decision-making	30
6. Compliance with RFP Solicitation Requirements	5
MAXIMUM SCORE:	100

1. Organizational Longevity, Experience, Cultural and Linguistic Capabilities of Key Staff, Confidentiality, Minority and Gender Representation (15 points):

Proposer identifies all required elements of the organization's history, service and staff experience; cultural and linguistic capabilities of key staff to meet the needs of the proposed target population; minority representation of its Board of Directors; and client confidentiality; and includes all required supporting documents for this section in the form of attachments to the proposal, where applicable.

- Period of time that the proposing organization has been providing services in general (i.e., organization's history/longevity) **[Up to 3 points]**.
- Period of time that the proposing organization has of relevant experience in the successful delivery of the same or similar service(s) requested in this RFP Solicitation **[Up to 3 points]**.
- Period of time that key supervisory, professional service, and front line staff have been providing services similar to those requested in this RFP Solicitation; period of time key staff have been providing health and/or support services to people with HIV; key staff to provide the proposed services are currently employed at the agency; key staff clearly understand the requirements of HIPAA and follow policies and procedures to ensure client confidentiality; and Proposer clearly explains the cultural and linguistic competency capabilities of its staff who will be providing the services described in the RFP Solicitation response **[Up to 5 points]**;
- Proposer's Board of Directors and/or key staff providing care under the services detailed in this RFP Solicitation are reflective of the community or target population to be served (i.e., representative of the local HIV epidemic and the HIV client population proposed to be served in terms of racial/ethnic and gender distribution) **[Up to 4 points]**.

2. Past Performance, Audit, and Monitoring Reports (if applicable) and RFP Due Diligence Review (up to minus 5 points):

Proposer submitted relevant documentation to show that it is in good standing financially and contractually.

IMPORTANT NOTE: Proposer may have up to five (5) points subtracted in this evaluation criteria section for instances or circumstances where their organization has significant Single Audit, site visit monitoring, contract compliance, or due diligence findings.

- Proposer failed to submit copies of the two (2) most recent independent site visit monitoring reports from major funding sources; or failed to adequately explain why the proposing organization is unable to submit such reports;
- Proposer failed to satisfactorily meet all its outcome and performance measures in contracts between its agency and funders as documented in site visit monitoring report(s) or in non-compliance notification(s) from the funding source;
- If Proposer was required to submit a corrective action plan to a funder based on audit findings, site visit findings, or contract non-compliance issues, but they failed to do so in a timely manner, or failed to successfully implement the corrective action plan, and/or failed to identify a relevant contract or funding source.

- Proposer had a significant contract non-compliance issue that resulted in its contract being prematurely terminated by a funder, failed to adequately address the problems, and/or failed to identify the contract or funding source.
- Proposer failed to provide an acceptable explanation for any finding(s) or concern(s) from the County's due diligence review, where applicable.
- Proposer has unresolved litigation issues that may negatively affect organizational or fiscal stability.

3. Cost, Budget, Financial Capacity, and Administration (20 points):

Proposer submits a complete, accurate, reasonable, cost effective, and well-justified line item budget form and includes a relevant narrative budget justification (description) of each line item and how the Proposer will be able to implement the proposed services on a reimbursement basis or have the organizational capabilities to comply with Federal requirements, if the organization plans to request "pay in advance;" provides relevant supporting documentation (e.g. certified audit, unaudited financial statements, bank statements, or line of credit) to support its financial capabilities to undertake the activities described in its Program Plan; provides a sufficient and relevant list of its other funding sources; and clearly indicates that it has sufficient administrative infrastructure to ensure appropriate documentation of services, oversight of the project, as well as completion and submission of required reports in a timely manner.

- Line-item budget is complete, well-documented, reasonable, follows the specified format, and is clearly justified - all direct and indirect/administrative costs are clearly identified and relate directly to the scope of work to be provided; costs are deemed program-allowable and cost-effective; and the indirect/administrative costs do not exceed 10% of the total amount requested per service category **[Up to 8 points]**.
- Proposer's financial capability to undertake the proposed scope of work on a reimbursement basis is described in sufficient detail – OR – in the case of a non-Federal entity, proposer adequately describes or demonstrates its organizational capabilities to comply with related Federal requirements, as stated in 45 CFR 75.305 of the Uniform Guidance, if the proposing organization plans to request "pay in advance" **[Up to 5 points]**.
- Proposing organization's plan for using EHE Project dollars is appropriate; the organization has demonstrated the ability to use program income, as well as leverage and maximize other funding streams and/or private insurance **[up to 5 points]**.
- Proposing organization's plan for addressing conflict of interest is explained in detail; and proposer appropriately described its ability to meet EHE Project programmatic, fiscal and administrative reporting requirements **[up to 2 points]**.

4. Service Experience, Need, Program Plan, and Quality of Care and Service Delivery (30 points):

Proposer describes its service approach (program plan) to providing the program(s)/service(s), as detailed in Section 3.0, Scope of Services, of this RFP Solicitation, in sufficient detail and includes all required information:

- Proposing organization has appropriate and sufficient experience in providing the proposed services **[Up to 2 points]**.
- Proposing organization clearly described the target population and level of need for the proposed services; as well as identified and addressed a gap in existing funded services for people with HIV, including unmet needs or service gaps among particular racial/ethnic groups and geographic areas of the county that experience disparities in care **[Up to 8 points]**.
- Proposed services are well planned and detailed and address all applicable requirements stated in Section 3.0, SCOPE OF SERVICES per service component that funding is being requested for; the nature and scope of services to be provided were fully described; the organizational structure is appropriate for effective delivery of the proposed service(s); key staff are currently employed or there is an appropriate plan to hire staff in a timely manner; proposer's program plan (service approach) follows industry standards or generally-accepted best practices, is innovative, creative or otherwise appropriate; client orientation, screening process for program eligibility, and intake/registration process were well defined; proposer identified best practice or innovative approaches to improve service delivery **[Up to 10 points]**.
 - **If applying for HealthTec: Proposing organization** clearly describes how the planned approach will lead to improved access to medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and other services as appropriate; easier access to Ryan White Program enrollment without the need for transportation to an appointment or for childcare; removed barriers related to fear of disclosure and stigma; simplified follow-up care; reduced barriers to treatment adherence; improved treatment adherence leading to improved viral suppression. Proposing organization also clearly explains how the agency will address the access to and understanding of how to use telehealth services for clients who do not currently have the means (e.g., smartphones and internet service) or knowledge to use telehealth technology. The proposing organization identifies best practice approaches to improve service delivery; clearly describes how the agency will acquire/purchase the telehealth technology (hardware, software, internet provider media plan); limit the use of the technology (hardware and software) for the purposes and functionality required for the provision and receipt of telehealth services by the proposing organization and the clients, respectively; distribute to and monitor use of the technology by clients; and ensure the telehealth hardware, software and internet access are HIPAA compliant. The proposing organization will clearly describe how its HealthTec services address barriers (e.g., childcare, transportation, stigma, etc.) to accessing medical care and supportive services. The proposing organization also clearly describes how the agency will use HealthTec services to address issues affecting clients' ability to obtain and maintain viral suppression. The proposing organization clearly describes how the agency will develop or work with the County to develop HIPAA compliant participant (client) agreements.
 - **If applying for Quick Connect: Proposing organization clearly** describes how the planned approach will lead to increased HIV medical care capacity by educating non-Ryan White Program (RWP)-funded medical practitioners in the community about HIV clinical guidelines and available treatment and support resources in the community;

improved access to medical care, antiretroviral medications, medical case management, mental health counseling, and substance use disorder services for individuals diagnosed in doctors' offices, hospitals, clinics, urgent care centers, or emergency rooms, using the local TTRA model; and improved linkage to care and treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home, including those who are not eligible for RWP services. The proposing organization clearly describes how the agency will develop a welcome/informational packet to leave with these medical practitioners for use in informing potential clients of available HIV-related services in the community. The proposing organization clearly describes how the agency will immediately or timely link newly identified clients to ongoing HIV medical care and HIV medications, through an on-call response team and/or through the direct provision of transportation assistance [e.g., transport by funded organizations' designated staff (Quick Connect Navigator); agency van services; County Special Transportation Services (STS), rideshare services such as Uber or Lyft as a last resort solution, etc.]. The proposing organization also clearly identifies best practice approaches to improve service delivery.

- **If applying for Housing Stability Services:** Proposing organization clearly describes how the planned approach will lead to improved housing stability for people with HIV through the provision of transitional, short-term, or emergency housing assistance and support to clients experiencing homelessness or housing instability to ensure clients' ability to secure and / or maintain safe, decent, and affordable housing; improved linkages to and retention in ongoing core medical and behavioral health services [i.e., medical care, antiretroviral medications (ARVs), medical case management, mental health counseling, substance use disorder services, etc.] available throughout the community; and improved treatment adherence leading to improved viral suppression. The proposing organization clearly explains how the agency will develop and utilize a housing-first approach to directly provide rental and utility subsidies, moving incidentals, etc.; facilitate linkage to additional wraparound supportive services as determined by a comprehensive assessment; offer vocational and life skills support to interested clients; provide case management to develop and implement a plan to ensure ongoing housing stability for people with HIV; and monitor clients' overall progress to provide further support and interventions as necessary. The proposing organization clearly describes how the proposing organization will navigate existing systems throughout the community to engage and work with landlords to ensure placement and provide HSS without revealing a client's HIV status. The proposing organization clearly identifies the background, education, and skills it will require of current staff or candidates to be hired (e.g., housing navigators) for the proposed project to be successful. The proposing organization clearly describes how it will work with providers and clients to monitor levels of viral load. The proposing organization clearly describes how it will coordinate and integrate with existing housing advocacy and related legal services in the community. The proposing organization clearly identifies strategies it will utilize to help clients sustain housing status once achieved. The proposing organization also clearly identifies best practice approaches to improve service delivery.
- **If applying for Mobile GO Teams:** Proposing organization clearly describes how the planned approach will lead to increased response time to HIV transmission clusters; improved access to medical care and antiretroviral medications, using the local TTRA

model; improved linkage to and retention in care for hard-to-reach client populations; increased treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home, including those who are not eligible for RWP services. The proposing organization clearly describes how the agency will procure a new or utilize an existing mobile unit including medical supplies and equipment to carry out the work under this project component. The proposing organization clearly describes the required procedures that will be established so that the FDOH-MDC or the County can quickly mobilize the mobile response team to the affected hotspot(s) (i.e., single point of contact, hotline, etc.). The proposing organization clearly addresses how the agency will provide culturally affirming, trauma-informed, and stigma-free HIV care and treatment—including protecting client confidentiality and privacy—delivered by trained providers who prioritize a positive experience for all individuals seeking services. The proposing organization also clearly identifies best practice approaches to improve service delivery.

- Proposing organization identified relevant existing Memoranda of Understanding, referral and linkage agreements, letters of commitment, or other documentation of working relationships in place and fully active with other Ryan White Program and non-Ryan White Program-funded providers; an effective date for each formal relationship was included in the response **[Up to 5 points]**.
- Proposing organization's mechanism for reviewing and evaluating the services and quality of client care to identify deficiencies and to ensure remedy of service delivery problems is appropriate and effective; proposer ensures that staff deliver services in a compassionate, courteous, culturally sensitive, and non-judgmental manner, especially towards people with HIV; proposing organization clearly demonstrates that its staff have strong and caring customer service skills; proposer's plan for the integration of services funded under the Ryan White Program with other non-Ryan White services offered within the agency or externally was well defined, to the extent that program-eligible clients are placed into regular Part A or MAI services as a result of a HealthTec, Quick Connect, Housing Stability Services, and/or Mobile GO Teams encounter **[Up to 5 points]**.

5. Accessibility, Special Populations, Cultural Sensitivity, Barriers to Service Utilization, and Client Involvement in Decision-making (30 points):

Proposer describes its service approach in terms of accessible service hours, service locations, transportation, and cultural sensitivity in sufficient detail; clearly demonstrates how people with HIV have an active role in the proposing organization's planning and decision-making process; clearly describes how it will serve clients with special needs or disabilities; clearly describes its proposed services in terms of reaching clients in high need areas, traditionally underserved areas, etc.; and includes all required information:

- Proposing organization's service hours and service locations are accessible, including but not limited to providing services during non-traditional business hours, addressing the needs of clients with transportation barriers, etc. **[Up to 5 points]**.
- People with HIV have an active role in the proposing organization's planning and decision-making process (e.g., active role on the Board of Directors, member of proposer's client advisory committee, client satisfaction surveys, etc.) **[Up to 5 points]**.

- Proposing organization's provisions for participants with special needs or disabilities is clearly described; and proposing organization assures non-discrimination in service delivery (i.e., culturally affirming, trauma-informed, and stigma-free HIV care and treatment—including protecting client confidentiality and privacy—delivered by trained providers who prioritize a positive experience for all individuals seeking services.) **[Up to 5 points].**
- Proposing organization clearly describes its planned service delivery approach with regards to high need areas, traditionally underserved areas, or high need populations (i.e., specific racial/ethnic groups or geographic areas of the county where HIV incidence or prevalence are high) **[Up to 5 points].**
- Proposing organization's cultural sensitivity as demonstrated by its willingness and ability to accommodate clients of different educational backgrounds, language needs or preferences, racial and ethnic groups, and other special populations is strong and appropriate **[Up to 5 points].**
- Proposing organization's grievance process is relevant to the agency and appropriate; the process is conducted in a timely manner; and the proposer indicated the number of formal and informal grievances it has received and resolved **[Up to 5 points].**

6. Compliance with RFP Solicitation Requirements (5 points):

- Proposing organization submitted all required elements of the RFP without significant omissions or inconsistencies, followed the required RFP format, and responded to all questions or items that were posed **[Up to 5 points].**

5.3 Oral Presentations

Upon review of proposals based on the evaluation criteria indicated above, along with the rating and ranking processes, the Evaluation/Selection Committee may choose to conduct an oral presentation with the Proposer(s) which the Evaluation/Selection Committee deems to warrant further consideration based on, among other considerations, scores in clusters and/or maintaining competition. (See Affidavit – “Lobbyist Registration for Oral Presentation” regarding registering speakers in the proposal for oral presentations.) Upon completion of the oral presentation(s), if conducted, the Evaluation/Selection Committee will re-evaluate, re-rate and re-rank the proposals remaining in consideration based upon the written documents combined with the oral presentation.

5.4 Selection Factor

Not applicable.

5.5 Local Certified Veteran Business Enterprise Preference

Not applicable.

5.6 Local Preference

Not applicable.

5.7 Evaluation of Proposer's Budget

After the evaluation of the proposal and, if required, the oral presentation(s), the County will evaluate the proposed budget submitted in response to this RFP of those Proposers remaining in consideration.

The Proposer's budget will be evaluated subjectively in combination with the technical proposal, including an evaluation of how well it matches Proposer's understanding of the County's needs described in this RFP Solicitation, the Proposer's assumptions, and the value of the proposed services. The budget evaluation is used as part of the evaluation process to determine the highest ranked Proposer. The County reserves the right to negotiate the final terms, conditions and pricing of the contract as may be in the best interest of the County.

5.8 Negotiations

The County may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the Proposer's best terms from a monetary and technical standpoint.

The Evaluation/Selection Committee will evaluate, score and rank proposals, and submit the results of the evaluation to the County Mayor or County Mayor's designee with its recommendation(s). The County Mayor or County Mayor's designee will determine with which Proposer(s) the County shall negotiate, if any. The County Mayor or County Mayor's designee, at their sole discretion, may direct negotiations with the highest ranked Proposer, negotiations with multiple Proposers, and/or may request best and final offers. In any event, the County may engage in negotiations with a single or multiple Proposers; and the discussions may include price and conditions related to price.

Notwithstanding the foregoing, if the County and said Proposer(s) cannot reach agreement on a contract, the County reserves the right to terminate negotiations and may, at the County Mayor's or County Mayor's designee's discretion, begin negotiations with the next highest ranked Proposer(s). This process may continue until a contract acceptable to the County has been executed or all proposals are rejected. No Proposer shall have any rights against the County arising from such negotiations or termination thereof.

Any Proposer recommended for negotiations shall complete a Collusion Affidavit, in accordance with Sections 2-8.1.1 of the Code of Miami-Dade County. (If a Proposer fails to submit the required Collusion Affidavit, said Proposer shall be ineligible for award.)

Any Proposer recommended for negotiations shall:

- a) Complete a Collusion Affidavit, with each contract during the full term of the agreement (i.e., the initial 9-month contract period, with up to three, one-year options to renew), in accordance with Sections 2-8-1.1 of the Code of Miami-Dade County as amended by Ordinance 08-113. (If a Proposer fails to submit the required Collusion Affidavit, said Proposer shall be ineligible for award.)
- b) Provide information concerning any prior or pending litigation, either civil or criminal, involving a governmental agency or which may affect the performance of the services to be rendered herein, in which the Proposer, any of its employees or subcontractors is or has been involved within the last five (5) years.

Any Proposer recommended for negotiations may be required to provide to the County its most recent certified audit and/or business financial statements as of a date not earlier than the end of the Proposer's preceding official tax accounting period, together with a statement in writing, signed by a duly authorized representative, stating that the present financial condition is materially the same as that shown on the balance sheet and income statement submitted, or with an explanation for a material change in the financial condition. A copy of the most recent business income tax return will be accepted if certified audit or financial statements are unavailable.

5.9 Contract Award

Any contract resulting from this RFP Solicitation will be submitted to the County Mayor or County Mayor's designee for approval and for the County Mayor to make a final recommendation to the Miami-Dade Board of County Commissioners for its approval. All Proposers will be notified in writing when the County Mayor or County Mayor's designee makes an award recommendation to the Miami-Dade Board of County Commissioners for final approval. The Contract award, if any, shall be made to the Proposer(s) whose proposal shall be deemed by the County to be in the best interest of the County. Notwithstanding the rights of protest listed below, the County's decision of whether to make the award and to which Proposer shall be final.

5.10 Rights of Informal Appeal

This section describes the informal appeals procedure for this RFP Solicitation. The basis of any appeal for these grants is limited to failure on the part of the County to follow the process outlined in the RFP document. Disagreements with the terms of this RFP shall not form the basis of an appeal. Neither shall a disagreement with the scoring and evaluation of a proposal form the basis of appeal, unless the Appellant alleges and demonstrates that the scoring and evaluation failed to follow the process outlined in this RFP.

A written intent to file an informal appeal shall be filed with the Clerk of the Board at Clerk.Board@MIAMIDADE.GOV and emailed to the RFP Contracting Officer, Daniel T. Wall, at HIV-AIDS@miamidade.gov within three (3) County workdays of the filing of the County Mayor's recommendation. The County Mayor's recommendation to award will be e-mailed to all applicants to RFP No. EHE-2223. This three (3) day period (excluding weekends and holidays) begins on the County workday after the filing of the County Mayor's recommendation. Such written intent to file an informal protest shall state the particular ground on which it is based.

The protestor shall then file all pertinent documents and supporting evidence with the Clerk of the Board at Clerk.Board@MIAMIDADE.GOV and email a copy to the RFP Contracting Officer, Daniel T. Wall, within three (3) County workdays after the last date to file the written intent of informal appeal. A decision regarding the validity of the informal appeal will be made within five (5) County workdays of the last day to file pertinent documents and supporting evidence by a three (3) member Informal Appeals Panel appointed by the issuing department. This five (5) day period (excluding weekends and holidays) begins on the County workday after the last date to file pertinent documents and supporting evidence. Appellants shall have the right to appear at a publicly noticed meeting of the Informal Appeals Panel and will be provided the opportunity to make an oral presentation and answer questions from the Informal Appeals Panel. The Informal Appeals Panel may limit the time of the Appellants' oral presentation but the Appellants shall have at least five (5) minutes to make an oral presentation to the Informal Appeal Panel. The County may, at its sole discretion, extend the time periods set forth in this Section.

6.0 TERMS AND CONDITIONS

The County's anticipated form of agreement is attached as **Appendix H**. The terms and conditions summarized below are of special note and can be found in their entirety in the agreement:

6.1 Specific Terms and Conditions

A copy of the draft agreement (i.e., contract) in its substantially complete form is attached as **Appendix H**. The terms and conditions summarized below in Sections 6.2 through 6.10 are of special note and can be found in their entirety in the corresponding agreement document.

6.2 Vendor Registration

Prior to being recommended for award, the Proposer shall complete a Miami-Dade County Vendor Registration. For online vendor registration, visit the Vendor Portal: <http://www.miamidade.gov/procurement/vendor-registration.asp>; or, contact the County's Procurement Management division at (305) 375-5773, or by e-mail to ISD-VSS@miamidade.gov, for assistance. Then, the recommended Proposer shall affirm that all information submitted with its Vendor Registration is current, complete and accurate. In the event the Miami-Dade County Vendor Application is not properly completed within the specified time, the County may award the contract to the next ranked proposer. A screenshot of the County's Online Vendor Registration webpage is included as **Appendix E** to this RFP Solicitation for informational purposes only.

Please note that it is not necessary to complete a vendor registration or complete vendor affidavits prior to submitting the application for this RFP Solicitation. These documents will only be necessary if the proposing organization is awarded funding under this competitive solicitation process.

6.3 Insurance Requirements

The successful Proposer shall furnish to the County, Internal Services Department, Procurement Management Services Division, prior to the commencement of any work under any agreement, Certificates of Insurance which indicate insurance coverage has been obtained that meets the stated requirements.

6.4 Inspector General Reviews

According to Section 2-1076 of the Code of Miami-Dade County, as amended by Ordinance No. 99-63, Miami-Dade County has established the Office of the Inspector General which may, on a random basis, perform audits on all County contracts, throughout the duration of said contracts, except as otherwise indicated. The cost of the audit, if applicable, shall be one quarter (1/4) of one (1) percent of the total contract amount and the cost shall be included in any proposed price. The audit cost will be deducted by the County from progress payments to the successful Proposer, if applicable.

Exception: The above application of one quarter (1/4) of one percent fee assessment shall not apply to the following contracts: (a) IPSIG contracts; (b) contracts for legal services; (c) contracts for financial advisory services; (d) auditing contracts; (e) facility rentals and lease agreements; (f) concessions and other rental agreements; (g) insurance contracts; (h) revenue-generating contracts; (i) contracts where an IPSIG is assigned at the time the contract is approved by the Commission; (j) professional service agreements under \$1,000.00; (k) management agreements; (l) small purchase orders as defined in Miami-Dade County Administrative Order 3-2; **(m) federal, state and local government-funded grants;** and (n) interlocal agreements. Notwithstanding the foregoing, the Miami-Dade County Board of County Commissioners may authorize the inclusion of the fee assessment of one quarter (1/4) of one percent in any exempted contract at the time of award.

6.5 User Access Program

Not applicable.

6.6 Contract Term and Renewals

The contract period for awards under this RFP Solicitation will be for an initial 3-month period with up to one, one-year (i.e., 12-month) option to renew for HealthTec, Quick Connect, and Housing Stability Services and up to six (6) one-year options to renew for Mobile GO Teams services thereafter, at the County's sole discretion, based on contract performance, continued appropriations by Congress, and availability of adequate funds.

6.7 Contracting Process

The successful Proposer(s) will be required to submit all documents deemed necessary at the County's sole discretion for contract development (i.e., revised budget, scope of services, vendor registration, resolution from the organization's Board of Directors accepting the contract award, and Certificate of Insurance) at the time contract is submitted for final County execution.

6.8 Rules, Regulations, and Licensing Requirements

The Proposer shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, including, but not limited to, those applicable to conflict of interest and collusion. Proposers are presumed to be familiar with all federal, state and local laws, ordinances, codes, rules and regulations that may in any way affect the program for which proposer submitted an application, including but not limited to Chapter 11A of the Code of Miami-Dade County, Executive Order No. 11246 entitled "Equal Opportunity" and as amended by Executive order No. 11375, as supplemented by the Department of Labor Regulations (41 CFR, Part 60), the Americans with Disabilities Act (ADA) of 1990 and implementing regulations, the Rehabilitation Act of 1973, as amended, Chapter 553 of Florida Statutes and any and all other local, State and Federal directives, ordinances, rules, orders, and laws relating to people with disabilities.

No individual or entity who is in arrears in any payment under a contract, promissory note or other loan document with the county, or any of its agencies or instrumentalities, including the Public Health Trust, either directly or indirectly through a corporation, partnership or joint venture in which the individual has a controlling financial interest as defined in 2-11.1(b) (8) of the Code of Miami-Dade County shall be allowed to receive any additional county contracts, purchase orders or extensions of county contracts until either the arrearage has been paid in full, or the County has agreed in writing to a repayment schedule.

6.9 Meeting Obligations through Fraud (Section 2-8.4.1 of the Code of Miami-Dade County)

If, for any reason, the Proposer should attempt to meet its obligations under the awarded agreement through fraud, misrepresentation or material misstatement, the County shall, whenever practicable, terminate the agreement by giving written notice to the provider of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. The County may terminate or cancel any other contracts which such individual or entity has with the County. Any individual or entity who attempts to meet its contractual obligations with the county through fraud, misrepresentation or material misstatement may be debarred from County contracting for up to five (5) years.

6.10 Subcontractors

If this agreement involves the expenditure of \$100,000.00 or more (in total, across all service categories funded under this agreement) and the Proposer intends to use subcontractors to provide the scope of services or suppliers to supply the materials, the Proposer shall provide the names of the subcontractors and suppliers as a condition of award, in a format to be provided by the County. Proposer agrees that it will not change or substitute subcontractors or suppliers from those listed without prior written approval of the County.

-- THIS SPACE INTENTIONALLY LEFT BLANK --

7.0 APPENDICES

Appendices for this RFP Solicitation document include the following:

RFP LOCATION	ITEM TITLE	PROPOSAL SUBMISSION
Appendix A, pg. 1	APPLICATION COVER SHEET	ATTACHMENT 1.1
Appendix A, pg. 2	PROPOSAL SUBMISSION CERTIFICATION	ATTACHMENT 1.2
Section 4.17 of RFP	CONTENTS OF PROPOSAL (i.e., PROPOSAL NARRATIVE RESPONSE ITEMS)	ATTACHMENTS 1.3 through 1.6
Appendix B.1	BUDGET FORM	ATTACHMENT 11a
Appendix B.2 – B.4	BUDGET FORM INSTRUCTIONS	Do not submit.
Appendix B.5	NARRATIVE BUDGET JUSTIFICATION INSTRUCTIONS	Submit the narrative budget justification(s) as ATTACHMENT 12
Appendix C	LABEL [to be taped on outside of application package(s)]	Attach (tape) to outside of application package.
Appendix D	COUNTY VENDOR AFFIDAVITS AND REQUIREMENTS (i.e., Acknowledgment of Addenda, Lobbyist Affidavit, Subcontracting Form, Collusion Affidavit, Contractor Due Diligence Affidavit, and Public Entity Crime Affidavit)	ATTACHMENTS 13a through 13f
Appendix E	ON-LINE VENDOR REGISTRATION INSTRUCTIONS (NOTE: The Vendor Registration instructions are provided for the information of prospective Proposers only.) (for reference only.)	Do not submit at this time; will be required at time of award.
Appendix F	COUNTY DUE DILIGENCE CHECKLIST (for reference only)	Do not complete and submit at this time.
Appendix G	Local Telehealth Policy and Procedures, “Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth”	Do not submit.
Appendix H	DRAFT FORM AGREEMENT (SAMPLE CONTRACT) (for reference only)	Do not complete and submit at this time.
Appendix I	MIAMI DADE COUNTY RYAN WHITE PROGRAM GRIEVANCE POLICY AND PROCEDURES (NOTE: not a substitute for the proposing organization’s own grievance procedures) (for reference only)	Do not complete Miami-Dade County’s Grievance Policy and Procedures.
Appendix J	FEDERAL POVERTY LEVEL (FPL) GUIDELINES TABLE (example from the local Ryan White Program for Fiscal Year 2023, for reference only)	Do not submit.
Appendix K	FUNDING SOURCE SUMMARY (template and instructions)	ATTACHMENT 10
Appendix L	TTRA Guidance: Test & Treat / Rapid Access – Miami-Dade County Overview for Medical Practitioners, Revised November 9, 2022	Do not submit.

RFP LOCATION	ITEM TITLE	PROPOSAL SUBMISSION
Appendix M	Policy Clarification Notice (PCN) No. 16-02	Do not submit.

8.0 APPLICATION CHECKLIST

Full Legal Name of Proposing Organization: _____

THE FOLLOWING IS A LIST OF ATTACHMENTS THAT MUST BE INCLUDED IN RFP APPLICATION SUBMISSION FOR THIS SOLICITATION ALONG WITH THE PROPOSAL NARRATIVE. INCLUDE THIS CHECKLIST AS ATTACHMENT 2

✓ if included with RFP application submission or N/A	REQUIRED ATTACHMENTS		"Part" of application to group the item in: Part 1 or Part 2
	#	Item Title	
	1.1	Application Cover Sheet	Part 1
	1.2	Proposal Submission Certification	Part 1
	1.3	Table of Contents	Part 1
	1.4	Section 4.17 D – Abstracts (include as 1.4a, 1.4b, etc.; separate for each service category)	Part 1
	1.5	Section 4.17 E - Narrative (organizational longevity, experience, etc. ; submit once)	Part 1
	1.6	Section 4.17 F – Narrative (proposed services; include as 1.6a, 1.6b, etc.; separate for each service category)	Part 1
	2	Section 8.0 – Application Checklist	Part 2
	3	Corporate Tax Status proof [e.g., IRS 501(c)3; etc.]	Part 2
	4	Organizational Chart	Part 2
	5	Certified Audit and/or Financial Statements	Part 2
	6	Proposer's Grievance Procedures	Part 2
	7	Board of Directors List of officers and members; along with a race, ethnicity & age breakdown of Board officers and members, and agency staff	Part 2
	8	Resumes and job descriptions for key staff and contract liaison	Part 2
	9	Licensure or accreditation documentation, where applicable	Part 2
	10	Funding Source Summary	Part 2
	11a	Budget Form(s) [include as 11.a.1, 11.a.2, etc.; separate for each service category]	Part 1
	11b	Federal Indirect Cost Rate Agreement, if applicable	Part 1
	12	Narrative Budget Justification(s) [include as 12.1, 12.2, etc.; separate for each service category]	Part 1

✓ if included with RFP application submission or N/A	REQUIRED ATTACHMENTS		"Part" of application to group the item in: Part 1 or Part 2
	#	Item Title	
	13	AFFIDAVITS:	Part 2
		13a – Acknowledgment of Addendum/a	13d – Collusion Affidavit
		13b – Lobbyist Affidavit	13e – Contractor Due Diligence Affidavit
		13c – Subcontracting Form	13f – Public Entity Crime Affidavit
	14	Certificate of Status from the Florida Department of State, Division of Corporations	
	15	Proposing organization's current tax return [e.g., IRS Form 990 (if Proposer is a non-profit), etc.]	
	16	Proposing organization's agency-wide operating budget; most current	
	17	Proposing organization is two (2) most recent site visit monitoring reports and related corrective action plans	