



**Request for Proposals for the HIV Prevention Regional Implementation Group for Illinois Region 8**

**Contract Period: State Year 2020: July 1, 2019-June 30, 2020**

**Application Due: Monday June 3, 2019 by 5pm CST to [rfp@phimc.org](mailto:rfp@phimc.org)**

**Key Dates**

Full Request for Proposal Release Date	Monday, May 13, 2019
Pre-Proposal Conference (Zoom)	Friday, May 17, 2019, 10am-12pm Zoom conference link <a href="#">here</a>
Intent to Apply Form Submission Due (Survey Monkey)	Tuesday, May 21, 2019 Intent to apply form <a href="#">here</a>
Deadline to Submit All Questions	Friday, May 24, 2019
Proposal Due	Monday, June 3, 2019, 5pm
Review Period	June 4-24, 2019
Award Announcements	Thursday, June 27, 2019
Contract Start Date	Monday, July 1, 2019
Contract Period	July 1, 2019-June 30, 2020

*This Request for Proposals (RFP) is issued by Public Health Institute of Metropolitan Chicago (PHIMC), as Lead Organization on behalf Illinois Department of Public Health (IDPH), Office of Health Protection, Division of Infectious Diseases, HIV/AIDS Section. PHIMC may, at its sole discretion, extend the application deadline and/or reissue the RFP if insufficient qualified responses are received.*



Information and documents necessary for submission will be posted on the PHIMC website and updated regularly: <https://www.phimc.org/initiatives/rig8/>

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## 1. SUMMARY

Public Health Institute of Metropolitan Chicago (PHIMC) seeks proposals from eligible organizations a) to provide high quality, high impact HIV prevention services for individuals at risk of HIV and/or b) to engage or reengage individuals in HIV care.

PHIMC issues this Request for Proposals (RFP) as Lead Organization on behalf of Illinois Department of Public Health (IDPH), HIV Section. PHIMC enhances the capacity of public health and healthcare systems to promote health equity and expand access to services. PHIMC leads efforts to strengthen public health infrastructure in Illinois through four main components: organizational development, system transformation, fiscal management, and program implementation.

## 2. BACKGROUND

The Illinois General Assembly and Centers for Disease Control and Prevention (CDC) allocate funds to IDPH to provide HIV prevention services to Illinois residents who are at highest risk of transmitting or acquiring HIV/AIDS. Illinois HIV Integrated Planning Council (IHIPC) prioritizes the highest risk populations and corresponding interventions. The full list of CDC HIV prevention interventions can be found at [www.effectiveinterventions.org](http://www.effectiveinterventions.org).

Illinois HIV Prevention Regional Grant funds are contracted to lead organizations chosen to fund and monitor grantee partners to implement HIV prevention service plans to prioritized highest risk Illinois residents in every region of the state. IDPH selected HIV Prevention Regional Grant Lead Agencies for Regions 1 through 8 through a competitive application process in State Fiscal Year 2019 (SFY2019). As the lead agency for Region 8, PHIMC issues this RFP for potential grantee partners who currently or who will provide HIV prevention services within Illinois Region 8, which consists of Suburban Cook County, excluding City of Chicago, in State Fiscal Year 2020 (SFY20).

## 3. PROGRAM PURPOSE

The purpose of this program is to offer HIV prevention services to those living with HIV/AIDS or who are at high risk of acquiring HIV/AIDS in Region 8 of Suburban Cook County, excluding City of Chicago, through the following strategies:

- Expand available HIV prevention services
- Enhance HIV prevention service quality and comprehensiveness
- Leverage resources through collaboration and linkage

This program supports High Impact Prevention (HIP) strategies and interventions to achieve the National HIV/AIDS Strategy (NHAS) 2020 goals as follows:

- Reduce the number of new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities

HIP maximizes the impact of limited resources to reduce new HIV infection rates by combining cost-effective public health strategies and interventions to target the highest risk populations in the most affected geographic areas. HIP proposals incorporate strategies and interventions that meet the following criteria:

- Most cost-effective for reducing new HIV infections
- Practical to implement with target populations on a large scale at reasonable cost
- Strategies and interventions combined for greater impact

#### **4. SERVICE ALLOCATION THROUGH REGIONAL SERVICE PLAN**

Illinois has designated eight HIV Prevention and Care Regions that coordinate service delivery across the state outside the City of Chicago. Regional Service Plans have been developed to ensure that service units are distributed by target population proportionally throughout the state, within each region and service class so that:

- Prevention service resources are distributed proportionately to HIV cases in each region
- Service units are distributed within regions based upon a gap analysis of other HIV prevention services in accordance with CDC guidelines
- Service units are distributed to prioritized populations by risk and by race/ethnicity so that the overall services delivered, for this grant plus others, in the region will be proportionate to recent case distribution between those risk groups

#### **Regional Allocation:**

Funds are allocated among Regions by a weighted epidemiologic composite of 90% incident cases, 5% prevalent cases, and 5% late diagnosed cases, AIDS diagnoses within 0-12 months of HIV infection diagnosis, a formula recommended by the Illinois HIV Integrated Planning Council to ensure close correspondence between its priorities and resource allocation. Region 8 has been allocated \$1,657,500 for grantees in Region 8. Grantee funds awarded through this RFP will be a mix of federal and state dollars. The map on page 5 shows the geographical location for each funded region.

# ILLINOIS DEPARTMENT OF PUBLIC HEALTH - HIV/AIDS SECTION REGIONAL IMPLEMENTATION GROUP (RIG) JURISDICTIONS



## Regions

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9

Effective Date: January 1, 2010

## 5. FUNDING STRUCTURE

Regional HIV Prevention awards issued under this RFP will be composed of five funding categories: Fee-for-Service, Capacity-Building, Social Media/Marketing/Networking for Men who Have Sex with Men (MSM) of color, Peer Outreach for MSM of color, and Supplemental, unless an applicant agency explicitly requests to forgo a specific funding category.

### Fee-for-Service:

This funding is earmarked for grantees approved to provide Prevention for Positives Risk Reduction Activities, Prevention for Positives Surveillance-Based Services, Risk-Targeted HIV Testing, Prevention for Negatives Risk Reduction Activities, Risk-Based Condom Distribution, and Routine HIV Testing. Award amounts will be based on the fee schedule below and the number of units of service provided by the awardee during the grant year:

Fee-for-Service rates assigned under this program include the following:

- Prevention for Positives Risk Reduction Interventions reimbursed at \$150 per person-session
- Risk-based HIV Testing reimbursed at \$100 per test session
- CDC approved Prevention for Negatives Risk Reduction Interventions reimbursed at \$150 per person-session
- Harm Reduction Counseling including a new risk assessment and counseling reimbursed at \$150 per person-session
- Harm Reduction Contact involving materials provision or exchange but no new risk assessment reimbursed at \$30 per contact
- Community Level Interventions Required Interviews reimbursed at \$150 per interview
- Community Level Interventions Group Peer Trainings reimbursed at \$150 per person-session
- Community Level Interventions outreach contacts reimbursed at \$10 per contact
- Hepatitis A & B, HPV, or Meningitis Vaccinations reimbursed at \$150 per vaccine dose administered
- Risk-based Testing for HCV or Gonorrhea/Chlamydia or Syphilis with Referrals with Partner Services reimbursed at \$150 per complete testing series event
- Surveillance-Based Services (SBS) Treatment engagement of an SBS case with no viral loads in the past 12 months in the Enhanced HIV/AIDS Reporting System (eHARS), Ryan White (RW), AIDS Drug Assistance Program (ADAP), or CHIC Premium Assistance Program (CHIC-PAP) reimbursed at \$450 if medical appointment is attended within 30 days of provider agency case assignment date
- SBS Treatment-engagement reimbursed at \$300 if within 60 days of provider agency case assignment date
- SBS Treatment-engagement reimbursed at \$150 if after 60 days of provider agency case assignment date
- Case Management Enrollment via electronic Provide referral reimbursed at \$100 per enrollment
- SBS Medication Adherence Effective Behavioral Intervention reimbursed at \$150 including SBS-HEART, SBS-SMART Couples or SBS Partnership for Health delivered and linked to the SBS client profile
- SBS Partner Elicitation Interview reimbursed at \$50 when completed and fully documented
- SBS Effective Behavioral Risk Reduction Interventions reimbursed at \$150 per documented person-session of SBS-CLEAR or SBS Sister to Sister
- SBS Prenatal Care Referral Accessed reimbursed at \$150 per patient when viral load is scanned into record as proof of completed appointment
- SBS Investigation Disposition of Located Refused Service reimbursed at \$100 when fully documented
- SBS Investigation Disposition of Located Out of County reimbursed at \$100 when fully documented
- SBS Investigation Disposition of Located Out of Illinois reimbursed at \$100 when fully documented
- SBS Investigation Disposition of Incarceration Documented reimbursed at \$100 when fully documented

- SBS Investigation Disposition of Death Documented reimbursed at \$100 when fully documented
- SBS Investigation Disposition of Web-Investigated Unlocated reimbursed at \$100 when fully documented
- SBS Investigation Disposition of Field Investigated Unlocated reimbursed at \$100 when fully documented
- Risk-based Condom Distribution at High Risk Gathering Sites reimbursed at \$150 per High Risk Site Monthly Restock
- Routine HIV Screening monthly data entry in Provide® Enterprise, uploads of negative test results and manual entry of positive test results, reimbursed at \$4 per uploaded or entered test event
- For services delivered to PLWHIV referred by IDPH through Provide® Enterprise, interventions and investigation outcomes will be billed for the month in which the case is closed

Capacity-Building:

These funds are not awarded on a Fee-for-Service basis, but rather are budgeted and billed monthly on a cost basis for work that builds the capacity of the grantee to deliver the services in its SFY20 HIV prevention work plan.

Capacity-Building funds assigned under this program are intended to reimburse the following:

- Indirect costs not to exceed a grantee's federally approved indirect rate or 10% of the modified total direct costs
- Program costs of implementing HIV prevention services; training of new staff in Effective Behavioral and Biomedical High Impact Prevention interventions; protocols for HIV, STI, or Viral Hepatitis testing; phlebotomy; Partner Services; Surveillance Based Services; and engagement strategies for prioritized populations needed to achieve full service plan implementation

Social Media/Social Marketing/Social Networking for MSM of Color:

These funds are not awarded on a Fee-for-Service basis, but rather are budgeted and billed monthly on a cost basis for social media/marketing/networking expenses that help build the capacity of the grantee to engage Black and Latino men who have sex with men in HIV prevention services via social media/marketing/networking.

These funds may support the attendance of HIV prevention staff at social marketing and/or social networking strategies peer trainings. Additionally, PHIMC will fund the following activities:

- Social media activities including online outreach to MSM of color via websites or hookup apps
- Social marketing activities including utilizing CDC-approved marketing materials to reach MSM of color with HIV prevention messages
- Social networking strategy activities including recruiting and incentivizing MSM of color to engage their social networks to receive HIV prevention services

Allowed expenses for all three of these areas include costs of necessary training, equipment, social media/marketing/advertising related to these efforts, and contractual/incentive costs for recruited individuals to complete time limited tasks that build the capacity of the program to deliver HIV prevention messages via social media activities, social marketing campaigns, or social networking strategy activities.

Peer Outreach for MSM of Color:

These funds are not awarded on a Fee-for-Service basis, but rather are budgeted and billed monthly on a cost basis for costs associated with engaging Black and Latino MSM in HIV prevention service delivery at the agency or in recruiting other Black or Latino MSM to receive HIV prevention services from the grantee. Under this

funding category, a grantee will designate funds specifically for peer hiring activities with MSM of color. PHIMC will fund the following activities:

- Engaging peer Black or Latino MSM in the HIV prevention provider team so as to reach these populations with HIV prevention services

Funding for peer MSM of color may be budgeted via salary expenses, contractual expenses, volunteer expenses, or stipend expenses.

Supplemental Services:

Supplemental funds are awarded on a Fee-for-Service basis to the grantee when providing services that are supplementary to the agency's SFY20 work plan, such as providing HIV prevention services to clients not in the work plan or providing HIV prevention services in excess of the work plan.

Supplemental services rates assigned under this program include the following:

- Approved services delivered to prioritized populations over and above the number of service units specified in the Regional Service Plan reimbursed at \$150 per service unit of Risk-Reduction Interventions and reimbursed at \$100 per service unit of risk-based HIV testing
- Approved risk-based services delivered to persons disclosing no prioritized risks reimbursed at \$50 per service unit
- Risk-based HIV testing delivered to persons disclosing no prioritized risks with a final confirmed HIV-positive result reimbursed at \$100 per service unit
- Personalized cognitive counseling as the counseling protocol in an HIV test for a male who disclosed sex with a male as a risk reimbursed at \$50 per service unit
- Phlebotomy surcharges reimbursed at \$50 per risk-based service unit
- Informing a newly diagnosed positive HIV test client of their status reimbursed at \$25 per patient
- Linking an HIV testing client with a preliminary or confirmed HIV-positive result to medical care for the first time as defined by no prior viral loads or case reports reported to surveillance, and reimbursed at \$400 per patient when the test provider scans an HIV viral load test result into HIV test record OR the Ryan White (RW) Case Manager confirms a medical appointment attended reimbursed at \$400 when the linkage occurs within 30 days or reimbursed at \$200 when the linkage occurs after 30 days
- Reengaging an HIV-positive test client previously in HIV care back into medical care as defined by prior viral loads verified by surveillance but none in past 12 months, and reimbursed at \$200 per patient when the test provider scans an HIV viral load test result into HIV test record OR the RW Case Manager confirms a medical appointment attended
- Enrollment in case management when a client not enrolled in Ryan White Case Management (RWCM) for 12 months prior to a preliminary positive result date reimbursed at \$100 per enrollment
- Medication Adherence Interventions, HEART, SMART Couples, or Partnership for Health, conducted with an HIV-positive test client with documentation linked to the client profile linked to the HIV test record in Provide® Enterprise reimbursed at \$100 per patient
- Partner elicitation completed and fully documented for an HIV-positive testing client reimbursed at \$25 per patient
- Surveillance report submitted electronically reimbursed at \$50 per report

Unallowable Services:

- Services that are reimbursable through Medicaid or private insurance
- Capital or infrastructure investments

**6. CONTRACT TERMS**



Grantees may be awarded through this RFP for a contract period of July 1, 2019 to June 30, 2020.

## 7. APPLICANT ELIGIBILITY REQUIREMENTS

- Only organizations based within Illinois are eligible to compete for these funds.
- Applicant must be a 501(c)(3) organization.
- Applicant organizations may be local health departments, community-based organizations, universities, federally qualified health centers, and other not-for-profit organizations, including volunteer or religious organizations, which effectively engage prioritized risk populations in Suburban Cook County including men who have sex with men, high-risk heterosexual women and men, and people who inject drugs.
- Organizations may apply to deliver services in more than one region but a separate application must be submitted for each region in which the applicant wishes to provide services.
- Organizations should apply to serve sites within the geographic boundaries of the region for which funding was awarded. Exceptions may be made for a provider to cross regional boundaries to promote or provide a service at a nearby site in a neighboring region with advanced written approval from Lead Agencies of both regions. This boundary crossing may occur if no other funded providers serve that site and the site is the most efficient means of reaching a target population residing in the funding region. Example: A Region 8 applicant located near the Region 7 border may propose to conduct risk-based HIV testing at a nearby Region 7 methadone clinic not served by other providers because 80% of the clinic's recently injecting clients actually live in Region 8. If an applicant intends to serve outside Region 8, the exception must be requested in the application.
- Applicants should clearly indicate which of the following five funding categories are included in this application: Fee-for-Service, Capacity-Building, Social Media/Marketing/Networking for MSM of Color, Peer Outreach for MSM of Color, and Supplemental Services.
- Applicants must provide proof that their organizational registration with the Illinois Secretary of State is currently in good standing.
- The applicant agency and/or its staff may not be debarred from the use of federal or state funds.
- Applicants must have paid all due county, state, and federal taxes or have an approved payment plan in place.
- Applicants may not be a 501(c)(4) organization, or an organization whose primary mission is to engage in Illinois or federal lobbying activities.
- Applicant organizations may not have been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor have made an admission on the record of having so bribed or attempted to bribe as Indicated by Illinois law.
- If the applicant organization has been convicted of a felony, at least five years must have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business as Indicated by Illinois law.
- If the applicant organization, or any officer, director, partner, or other managerial agent, has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, at least five years have passed since the date of the conviction as Indicated by Illinois law.
- The applicant organization and its affiliates may not be delinquent in the payment of any debt to the State, or, if delinquent, must have entered into a deferred payment plan with the State as Indicated by Illinois law.
- The applicant organization has not committed a willful or knowing violation of the Environmental Protection Act relating to civil penalties under the Environmental Protection Act within the last five years as Indicated by Illinois law.

- The applicant organization has not paid any money or valuable thing to induce anyone to refrain from bidding on a State Grant, nor accepted any money or valuable thing, or acted upon the promise of same, for not bidding on a State Grant as Indicated by Illinois law.
- The applicant organization has not violated the “Revolving Door” section of the Illinois Procurement Code as Indicated by Illinois law.
- The applicant organization has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any State or of the United States as Indicated by Illinois law.
- The applicant organization has not violated Section 50-14.5 of the Illinois Procurement Code that states: “Owners of residential buildings who have committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45) are prohibited from doing business with the State until the violation is mitigated.”
- The applicant organization is not in default on an educational loan as indicated by Illinois law.
- Organizations must have or budget to purchase computer equipment that meets the minimal technical requirements for IDPH’s electronic Prevention Evaluation Monitoring System supported by Provide® Enterprise:
  - A personal computer capable of running Windows, with the most current update preferred
  - An internet connection - high-speed or broadband strongly encouraged
  - Suggested PC configurations:
    - Minimal 128 MB of RAM
    - Minimal Pentium 3, 600 MHz processor or equivalent
    - 8 GB hard drive
    - Super VGA or better monitor, minimum resolution 800x600, 256 colors
    - Ability to import and export Microsoft Word and Microsoft Excel files
  - Agency Firewall opened to allow outbound TCP traffic on Port 1433
  - Administrative access to install the software on the computer
  - Scanner optimal recommendations: A document scanner connected to the computer running Provide® Enterprise with a TWAIN-compliant printer, to allow the direct scanning of documents into Provide® Enterprise, rather than scanning outside of Provide® Enterprise and then attaching as a file
    - Scanner requirements: Any type of scanner that can save scanned images to a standard format like PDF, JPG, or TIF

*Applicants who do not meet these eligibility requirements will not have their applications evaluated for funding under this opportunity.*

## **8. SELECTION CRITERIA**

A panel will evaluate each application with a standardized scoring rubric. While each application component has its own scoring criteria, broadly speaking, strong applications will demonstrate the following:

- Funding will directly engage prioritized risk populations including men who have sex with men, high risk heterosexual women and men, persons who currently or formerly injected drugs, particularly those who are also transgender and/or racial or ethnic minorities impacted by poverty
- Applicants have sufficient financial resources to operate on a reimbursement basis
- For applicants with existing HIV prevention services, show an ability to provide expanded or enhanced services within at least 45 days of the contract start date
- A clear rationale and supporting evidence that the proposed project falls within the allowable services outlined in section 3 Program Purpose, and meets regulations based on its specific program, service site, and billing

- An evidence-based approach to HIV prevention service delivery, which includes medication, counseling, and care coordination either directly or through contracts/partnerships
- Commitment to build and/or maintain an organizational culture supportive of HIV prevention services, including providing trainings that increase staff understanding of the HIV prevention evidence base, as well as address any negative workforce attitudes toward HIV prevention and/or clients with opioid use disorder
- Evidence of an organizational commitment to health equity and culturally sensitive service delivery, such as training and/or policies, and a client-centered approach to care
- Evidence that program design and implementation is tailored to meet patient needs; direct patient engagement in the program development and/or quality improvement is preferred
- For applicants proposing to provide services to uninsured patients, demonstrate efforts to ensure that eligible patients are enrolled in all possible public and private insurance or benefit programs
- Linkage relationships and coordination with other community agencies including medical providers, mental health providers, and addiction treatment agencies to ensure adequate patient support

During final award determinations, the following criteria will be considered across the cohort:

- Geographic distribution
- Number of individuals served
- Diversity of service settings

## **9. AWARDED GRANTEE REQUIREMENTS**

If awarded this grant, all grantees are required to adhere to the following requirements, as outlined below by category.

### Grant Set-Up, Grantees Must Conduct the Following Activities:

- Negotiate scopes of service that are clearly distinguishable from services funded through other local, state, or federal government funds or private funds
- Submit correct, current contact information of staff providing services to PHIMC
- Submit a proposed budget for the expending of capacity-building, social media, and peer outreach funds
- Ensure that all project staff have regular access to email and to a computer able to import and export Microsoft Word and Microsoft Excel files
- Refrain from utilizing a subcontractor to fulfill any obligations without the prior written consent of PHIMC and IDPH

### Service Provision, Grantees Must Conduct the Following Activities:

- Ensure that all services funded through this grant agreement are provided in a manner that is confidential, culturally competent, and appropriate with respect to HIV risk, language, gender, literacy level, and ability
- Ensure that staff conduct themselves in a professional manner while providing services under the context of this grant agreement
- Ensure that all staff refrain from using alcohol, illicit drugs, or being under the influence of alcohol or illicit drugs while providing any and all services under this grant
- Adhere to HIPAA and the AIDS Confidentiality Act to protect the confidentiality of information reported by HIV prevention recipients, including, but not limited to, substance use history, sexual history, HIV status, history of STI, or other medical diagnoses

- Maintain signed documentation of collaborative agreements between sites and HIV testing outreach locations such as nightclubs, bars, businesses, etc.
- Immediately place a notice on any applicable website, prominently displayed on the web page(s) most likely to be first encountered by viewers, notifying the potential viewing public that “this site contains HIV prevention messages that may not be appropriate for all audiences.” This CDC requirement applies to those recipient web sites funded in whole or part with CDC funds that contain HIV/AIDS educational information subject to the CDC guidelines, even if the website itself is not funded by CDC. The complete guidelines are available from the CDC website at [www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)
- Submit all materials for publication for approval by PHIMC and IDPH community review panel prior to printing, broadcast, or publication. Upon approval from PHIMC, all brochures, booklets, flyers, journal articles, programs, advertisements including print and out-of-home, multimedia presentations, videos, and other printed or electronic materials including, but not limited to web sites, prepared with funds from this grant/contract must include the following statement: “Funding for this [event, publication, etc.] was made possible by funds received from Illinois Department of Public Health and Public Health Institute of Metropolitan Chicago”
- Provide interventions as outlined in the agency’s work plan, targeting services provided under this grant for promoting and providing HIV prevention services to HIV-positive persons and persons at increased risk, defined as MSM, HRH (transgender females and cisgender female and male heterosexuals with HIV-positive sexual partners), PWIDs (people who inject drugs), MSM/PWID (men with both MSM and PWID risk history), and as specified in their current work plans

Reporting, Grantees Must Conduct the Following Activities:

- Report data on delivered HIV prevention interventions using IDPH’s Provide® Enterprise system. Data for all interventions will be entered into the Provide® Enterprise system by the 15th day of the month after services were provided, e.g. for all clients served in March, data must be submitted by April 15th
- Submit quarterly reporting to PHIMC utilizing the quarterly report form and schedule as provided by PHIMC

Quality Assurance, Grantees Must Conduct the Following Activities:

- Attend all required biannual site visits and intervention observations scheduled by PHIMC

Planning and Coordination Efforts, Grantees Must Conduct the Following Activities:

- Participate in planning and assessment activities as required by IDPH and/or Illinois HIV Integrated Planning Council, including, but not limited to, regional community engagement meetings/needs assessments and resource inventory data collection
- Attend Regional Implementation Group (RIG) meetings with the PHIMC Project Manager – HIV Prevention and other local service providers on a quarterly basis
- Participate in local community forums, focus groups, community assessment and planning activities, as requested by the PHIMC Coordinator and/or IDPH HIV/AIDS Section

Billing, Grantees Must Conduct the Following Activities:

- Expend funds according to the funding level specified in the budget for each capacity-building category
- Request reimbursement from PHIMC in accordance with PHIMC instructions and forms, and in adherence to the budget on file with PHIMC

- A federal ban prohibits the use of federal funds for the purchase of syringes or syringe exchange, however, Illinois General Revenue Funds (GRF) may be used to support the purchase of syringes and syringe exchange.

## 10. GRANTEE PERFORMANCE STANDARDS

If awarded a contract through this RFP process, the grantee will strive to meet the following Performance Standards:

- Grantee will ensure Risk-Targeted HIV Testing Standards are met
- Grantee will ensure the maintenance of all guidelines and standards specified in the 2016 CDC non-clinical HIV testing guidance <https://www.cdc.gov/hiv/testing/nonclinical/index.html>
- Grantee will ensure the referral of all consenting HIV-positive clients to Ryan White Case Management or HIV medical treatment within 72 hours of a preliminary positive result or document client refusals of both referrals
  - Referral to care is defined as transmission of a client-signed IDPH-approved service referral authorization to a case manager or primary care physician
  - Grantee shall ensure follow up with clients to document a linkage to case management and treatment or a client refusal of both services. A linkage to case management is defined as enrollment in Ryan White HIV Case Management (RWCM) documented in Provide® Enterprise by the case manager
  - Linkage to medical treatment is defined as attendance of a first medical appointment with a licensed prescribing healthcare provider for HIV treatment as evidenced by submission through Provide® Enterprise of an HIV viral load laboratory result for a specimen drawn within 30 days of the preliminary HIV-positive result
- Grantee will ensure the offer of partner elicitation and notification planning services to all newly identified, confirmed HIV-positive persons
- Grantee will ensure telephone access wherever testing occurs and will annually update referral contact information for regional case management agencies and area HIV medical providers, so that persons with preliminary HIV-positive test results can immediately make appointments for case management and medical treatment
- Grantee will ensure that HIV prevention staff attend required trainings specified in IDPH's 2019 Intervention and Services Guidance with passing scores on any required examinations
- Grantee will ensure that the following Risk-Targeted HIV Testing and Positive Follow-Up Standards are met:
  - At least 85% of clients served must disclose a risk prioritized in the current IDPH HIV Prevention Prioritized Risk Group Definitions and Points of Consideration.
  - At least 1% of HIV testing and Risk Reduction sessions will be delivered to transgender persons across Region 8
  - 100% of clients tested for HIV will sign a release authorizing the input of the testing record information into Provide® Enterprise for quality assurance review by IDPH and any designated Lead Agency of that region for the grant funding the testing activity and further authorizing IDPH HIV Surveillance to release documentation of case reporting and medical treatment conducted prior to the testing date to the grantee
  - At least 20% of HIV testing events will be conducted on a venous blood sample
  - At least 1% of clients tested for HIV through this grant will be newly identified as HIV-positive, i.e. not previously reported as HIV-positive to IDPH HIV Surveillance
  - At least 90% of HIV tests with preliminary positive results will be documented in Provide® Enterprise as confidential tests with the required written client consent

- At least 85% of persons who test positive for HIV will receive their confirmatory test result.
- At least 80% of persons who receive their HIV preliminary positive test results will authorize transmission of their referral information to RWCM services or medical primary care within 72 hours of receiving their confirmatory result, will attend their first HIV medical appointment within 30 days of learning their preliminary positive result, and will access a referral to an effective behavioral intervention for HIV-positive persons.
- At least 90% of persons who receive their HIV positive test results will be offered Partner Services.
- At least 75% of persons who receive their HIV positive test results will participate in Partner Elicitation and individualized Partner Notification Planning.
- At least 50% of partners named for public health notification will be notified by the Illinois local health department (LHD) or designated community-based organization (CBO) with jurisdiction for the named partner's residence.
- At least 50% of notified partners of unknown status will agree to HIV counseling, testing, and referrals.
- Grantee will ensure that the following Surveillance-Based Services Standards are met:
  - At least 90% of surveillance-reported persons with HIV cases referred through Provide® Enterprise by IDPH to LHD or designated CBOs for Surveillance-Based Services (SBS) case referrals will be acknowledged and fully investigated by the provider.
  - At least 50% of investigated SBS cases will be successfully located and contacted.
  - At least 70% of contacted SBS cases will agree to and receive Partner Elicitation/Notification.
  - At least 80% of SBS cases contacted who are not currently in HIV medical treatment will complete a first HIV medical care visit resulting in a viral load or CD4 count being reported to IDPH HIV Surveillance within 30 days of first contact.
  - At least 50% of cases agreeing to service who upon contact were not taking ARVs will complete a medication adherence intervention.
  - At least 95% of cases accepting service will be asked about at-risk partners.
  - At least 30% of cases asked about at-risk partners will acknowledge at least one at-risk partner
  - On average per case indicating at-risk partner(s), at least 25% of exposed partners will be notified and elicited.
  - At least 40% of SBS cases accepting service will agree to and receive an Effective Behavioral Risk Reduction Intervention.
  - At least 1 exposed partner per year referred by SBS will accept partner elicitation.
  - Only grantor and grantee staff operating as local health authorities within their own jurisdictions or authorized by IDPH designation can:
    - Access HIV testing records to ensure linkage to HIV treatment and partner services.
    - Use surveillance data to conduct SBS; to access SBS Case Referrals in any form—electronic, paper, or oral presentation; or to enter case information or service data into Provide® Enterprise.
  - Only staff employed by authorized agencies who have completed training in SBS confidentiality and security, passed the post-test, signed a confidentiality oath within the past 12 months and been authorized by IDPH may do any of the following:
    - Use surveillance data to conduct SBS
    - Access SBS case referrals in any form—electronic, paper, or oral presentation; or enter case information or service data into Provide® Enterprise. This includes provider clerical data entry staff, program monitors, fiscal staff and senior administrators. The grantee agrees to use information contained in Provide® Enterprise only for the specific purposes outlined in this agreement. Any use of the information for purposes other than those identified here will be considered a breach in the agreement and may result

in consequences including immediate termination of Provide® Enterprise licenses and/or grant termination.

- The grantee will ensure that HIV risk reduction activities conducted for this grant meet all guidelines and standards specified in IDPH's current HIV Prevention Intervention Manual
- At least 85% of clients served must disclose a risk prioritized in the current IDPH HIV Prevention Prioritized Risk Group Definitions and Points of Consideration.
- 100% of clients receiving RRA who report a previous HIV-positive result and no visit to a physician within the past 12 months will be offered a referral to Ryan White Case Management. The provider will document in Provide® Enterprise under session referrals; enrollment in case management will be documented as a service accessed in Provide® Enterprise under session referrals.
- 100% of clients receiving RRA who report a previous HIV-positive result and no visit to a physician within the past 12 months will be offered a referral to an HIV medical care provider. The provider will document in Provide® Enterprise under session referrals; attendance of a first medical care appointment will be documented as a medical care accessed in Provide® Enterprise under session referrals.
- 100% of HIV-positive clients served with individual-level RRA will be offered partner services by the counselor. Partners elicited will be reported to IDPH on field records.
- No individual counselor will report more than two individual RRA sessions, except harm reduction counseling or harm reduction contact, per hour worked.
- Training Requirement Standards:
  - Grantee will ensure that all personnel conducting or documenting HIV prevention services conducted for this grant meet all guidelines and standards specified in IDPH's current HIV Prevention Intervention Manual.
  - Grantee will only use Provide® Enterprise licensed and trained staff to enter case and intervention data into the Prevention or Surveillance sections of Provide® Enterprise, the IDPH-approved secure database.
  - Grantee will allow only staff trained in confidentiality and security who have passed the post-test and signed a confidentiality oath within the past 12 months to conduct any prevention session, review documentation in any form—electronic, paper, or oral presentation, or enter case information or service data into Provide® Enterprise. This includes provider clerical data entry staff, counselors, supervisors, administrators, lead agents, and IDPH staff.
- Grantee will ensure that all staff conducting HIV, STI, or Viral Hepatitis Testing complete the following:
  - IDPH Confidentiality and Security Training, passing the quiz with a score of 80% or higher
  - IDPH HIV home study course with a score of 80% or higher
  - IDPH Foundations of HIV Prevention/Introduction to HIV Prevention
  - IDPH Fundamentals of HIV Prevention Counseling Course, Part I, or Risk-Targeted HIV Testing
  - IDPH Partner Counseling and Referral Services (PCRS) training (Fundamentals, Part II) or Risk-Targeted HIV Testing
  - IDPH HIV Testing Forms Training
  - IDPH Provide® Enterprise Basics Training
  - IDPH Overview of High Impact Prevention
- Grantee will ensure that all staff conducting Behavioral or Biomedical HIV Risk Reduction Activities complete the following:
  - IDPH Confidentiality and Security Training, passing the quiz with a score of 80% or higher
  - IDPH HIV home study course with a score of 80% or higher
  - IDPH HIV/STI Prevention Core Skills training or Introduction to HIV Prevention
  - IDPH/CDC online Biomedical Risk Reduction for High Risk HIV-Negative Clients
  - IDPH Provide® Enterprise Basics Training

- IDPH Overview of High Impact Prevention
- CDC-approved training in any Effective Behavioral Intervention being conducted under this grant
- Grantee will participate in two administrative site visits and two observational site visits conducted by PHIMC as requested
- Social Networking Standards:
  - Grantee will ensure that staff conducting Social Networking Strategy (SNS) have completed SNS training for HIV testing recruitment: <https://effectiveinterventions.cdc.gov/en/care-medication-adherence/group-4/social-network-strategy-for-hiv-testing-recruitment>
- Social Marketing Standards:
  - Grantee will use CDC social marketing materials from <https://www.cdc.gov/healthcommunication/>

## 11. KEY ACTIVITIES AND TIMELINE

### Pre-Proposal Conference:

The pre-proposal conference will provide an overview of this RFP, describe the proposal review process, and answer questions from participants and potential applicants. Organizations planning to submit a proposal are strongly encouraged to participate in the pre-proposal conference. The pre-proposal conference will be held on **Friday May 17, 2019, 10am-12pm**, via webinar.

Click [here](#) for the Zoom Pre-Proposal Conference.

### Letter of Intent to Apply:

PHIMC strongly encourages all interested applicants to complete and submit their intent to apply and eligibility information by completing a brief online form by **5pm on Tuesday, May 21, 2019**. Submitting the form does not commit you to submitting a full application and it is not a prerequisite for submitting a full application.

Click here to complete the [intent to apply form](#).

### Application Submission:

All applications and required documents must be submitted electronically to [rfp@phimc.org](mailto:rfp@phimc.org) by **5pm on Monday, June 3, 2019**. Late or incomplete applications will *not* be accepted for any reason. The applicant is solely responsible for submitting a complete and timely application. Hard copies of the application will not be accepted.

### Proposal Evaluation:

Evaluation panels convened by PHIMC will review and evaluate the submitted proposals in accordance with the scoring criteria. The panelists will review, score, and make funding recommendations to PHIMC. The evaluation period will take place **June 4-24, 2019**.

### Questions:

For any questions related to this RFP, please email [rfp@phimc.org](mailto:rfp@phimc.org). In the subject line, please type "RIG 8 RFP Question." The deadline to submit questions via email is **Friday, May 24, 2019**. Answers will be posted on PHIMC's website at <https://www.phimc.org/initiatives/rig8/> by **Wednesday, May 29, 2019**. PHIMC will not accept any questions via phone.



## 12. SCORING CRITERIA RUBRIC

Category	Available Points
Appendix A: Title Page	0
Organization Overview	5
Problem Statement	15
Service Delivery	20
Capacity-Building Funding Activities	20
External Referral and Collaboration	15
Personnel	5
Organizational Fiscal Capacity	10
Community Engagement	5
Health Equity	5
Appendix H: Application Certification	0
Appendix I: Letters of Support	0
<b>Total Possible Points</b>	<b>100</b>

*PHIMC reserves the right to make exceptions to parts of proposals, to request written or verbal clarification of supporting materials, or to cancel this RFP process.*

## 13. APPLICATION REQUIREMENTS

A maximum of 13 total pages is allowed for the grant narrative section. How many pages you use to adequately address each section is up to you, as long as you stay within the overall 13 page limit. Please build your proposal in the following format as outlined below according to each section. *Note: title page, appendices, and proposal attachments are not included within the 13 page limit.*

## 14. APPLICATION INSTRUCTIONS

### Proposal Narrative:

- Use at least 1.5 line spacing and 11-point font size
- Margins of at least 1 inch on all sides
- Application narratives must stay within the 13 page limit
- Include the application section and title, e.g. Section 4: Problem Statement, at the beginning of each section
- Include a table of contents reflecting major section titles and corresponding page numbers
- Attach only supporting documentation requested or directly related to the application

### ***Submission Guidelines and Instructions:***

All complete applications must be submitted by **5pm CST on Monday, June 3, 2019** to [rfp@phimc.org](mailto:rfp@phimc.org). Failure to follow any of the instructions related to content, including page limitations, will result in the proposal being

eliminated from consideration. Other than late submission, the most common reasons that proposals are rejected include missing sections of the proposal and failure to include requested documents.

File Saving and Naming Conventions:

Documents should be saved in the outlined format with the corresponding file naming conventions:

- Proposal Narrative: Includes the application Title Page, Table of Contents, and 13 page narrative saved as one file
  - File naming convention: [agency name]\_RIG Narrative Application
    - Example: PHIMC\_RIG Narrative Application
  
- Appendices: Appendices are located on the final page of this document. Appendices that include requested supporting documentation must be separate from the narrative proposal. Appendices should be saved in a single PDF file in the order it reads. If this is not possible, each document may be submitted as an individual file. Use the filename instructions outlined below
  - File Naming Convention (Single PDF): [agency name]\_RIG\_Appendices
    - Example: PHIMC\_RIG\_Appendices
  - File Naming Convention (Individual Appendices): [agency name]\_RIG\_Appendix
    - Example: PHIMC\_RIG\_Appendix C Work Plan

Email Submission:

PHIMC will only accept applications submitted via email at [rfp@phimc.org](mailto:rfp@phimc.org)

- All applications and supporting documentation must be submitted in a SINGLE email as PDFs to [rfp@phimc.org](mailto:rfp@phimc.org) with the subject line “[agency name] Regional Implementation Group Grant Application”
- Submission emails must not exceed 30 MB. Emails that exceed this size will not be accepted by PHIMC’s email server system
- The PHIMC email server will NOT accept .zip files

Email File Attachments:

All application documents should be submitted as PDF file attachments to the email

- The RFP application, including Appendices and accompanying required supporting documents must be converted to PDF formats. There are many free, downloadable PDF converters. A recommended program is CutePDF Writer (<http://www.cutepdf.com>)
- If scanning documents into PDFs and/or creating PDFs via Word or another software, the resolution should be set to 300dpi or less

*Applications that do not meet all the eligibility requirements of this RFP and/or follow all the instructions in this section, will not be evaluated for review.*

**15. PROPOSAL NARRATIVE**

*The following documents should be used as resources for crafting your proposal narrative, understanding priority populations, identifying interventions for your program, and understanding the landscape of HIV prevention in Illinois.*

[Illinois Integrated Plan](#)

## 2019 IHIPC Priority Populations for Targeted Prevention Services and Interventions

### Risk Group Definitions

### Illinois Linkage to Care Continuum

#### **Section 1: Appendix A: Title Page (0 points)**

- Regional HIV Prevention Project for Region 8
- Legal name of agency
- Agency contact name for proposal submission
- Agency address
- Agency contact telephone
- Agency contact email
- Agency fax
- Agency website

#### **Section 2: Organization Overview (5 points)**

- Provide a brief overview of your organization's history, mission, and experience.
- Describe the key client populations served at the agency.
- Describe the geographic service area that will be supported by this funding.
- Describe experience and/or key services that are relevant to this proposal.
- Briefly describe additional services delivered by your agency that may be relevant to this grant.

#### **Section 3: Problem Statement (15 points)**

- Specify the client population including demographics that would benefit from this funding.
- Of the described client population, explain major challenges/needs related to HIV prevention.
- Detail the geographic service areas that are currently experiencing major HIV prevention challenges and explain the needs - include key demographic, social, or behavioral characteristics.
- Describe the specific barriers your organization currently faces in meeting the demand for HIV prevention services.

#### **Section 4: Service Delivery (20 points)**

For each service delivery category please describe your organization's experience with and capacity to provide the service and reach the population indicated. Details should include outreach strategies, relevant experience, examples of similar programs, or other details that indicate your organization's capacity to successfully implement the program.

- Describe how your agency will fully implement Prevention with Positives Risk Reduction Activities with the prioritized populations in the SFY20 (July 1, 2019-June 30, 2020) grant year. *If your agency is not applying for a specific service category, please indicate that in your proposal.*
  - Detail the number of Prevention with Positives Risk Reduction Activities your agency will deliver in the SFY20 grant year.
  - Detail the prioritized populations to which your agency will deliver these services in the SFY20 grant year.
  - Detail the interventions your agency will deliver under this funding category in the SFY20 grant year.

- Describe how your agency will fully implement Prevention with Positives Surveillance-Based Services with the prioritized populations in the SFY20 grant year.
  - Detail the number of Prevention with Positives Surveillance-Based Services your agency will deliver in the SFY20 grant year.
  - Detail the prioritized populations to which your agency will deliver these services in the SFY20 grant year.
  
- Describe how your agency will fully implement Risk-Based HIV Testing with Linkage to Care with the prioritized populations in the SFY20 grant year.
  - Detail the number of Risk-Based HIV tests your agency will deliver in the SFY20 grant year.
  - Detail the prioritized populations to which your agency will deliver these services in the SFY20 grant year.
  
- Describe how your agency will fully implement Prevention with Negatives Risk Reduction Activities with the prioritized populations in the SFY20 grant year.
  - Detail the number of Prevention with Negatives Risk Reduction Activities your agency will deliver in the SFY20 grant year.
  - Detail the prioritized populations to which your agency will deliver these services in the SFY20 grant year.
  - Detail the interventions your agency will deliver under this funding category in the SFY20 grant year.
  
- Describe how your agency will fully implement Risk-Targeted Condom Distribution with the prioritized populations in the SFY20 grant year.
  - Detail the number of Risk-Targeted Condom drop-offs your agency will deliver in the SFY20 grant year.
  - Detail the prioritized populations to which your agency will deliver these services in the SFY20 grant year.
  
- Describe how your agency will fully implement Routine HIV Testing in the SFY20 grant year.
  - Detail the number of Routine HIV Tests your agency will deliver in the SFY20 grant year.
  - Describe the geographic locations in your region in which your agency will provide these services to the target populations.
  
- Describe what targeting mechanisms, e.g. identified gathering sites, engaging high-risk peers to recruit others through social networking strategies, local HIV surveillance data for MSM or HCV data for PWIDs, risk population key informant interview or focus group findings, your agency will employ to selectively find and engage this prioritized risk-race population into services.
  
- Describe your agency's plan to build phlebotomy capacity of your staff so that greater numbers of fourth generation HIV tests can be conducted or confirmatory/supplemental HIV testing from a rapid positive can be conducted in a timely manner.

Section 5: Capacity-Building Activities (20 points)

- Describe how your agency will utilize capacity-building funds in the SFY20 grant year to enhance your agency's capacity to deliver HIV prevention services to the prioritized populations.

- Detail the amount of funding requested in this funding category and the activities that these funds will support.
- *Please note that an agency must currently be providing HIV prevention services in order to request capacity-building funds reimbursement during the SFY20 grant year.*
- Describe how your agency will utilize funding for social media/social marketing/social networking for MSM of color in the SFY20 grant year to strengthen your agency's capacity to engage Black and Latino MSM in HIV prevention services via social media/marketing/networking.
  - Detail the amount of funding requested in this funding category, indicate whether your program will conduct social media, social marketing, and/or social networking, and the activities that these funds will support.
- Describe how your agency will utilize peer outreach for MSM of color funds in the SFY20 grant year to engage Black and Latino MSM in HIV prevention service delivery at your agency or to recruit other Black or Latino MSM to receive HIV prevention services from your agency.
  - Detail the amount of funding requested in this funding category, whether your program will place peers on staff/contract/stipend, and the activities that these funds will support.
- Complete and attach a Capacity Building Work Plan as outlined in Appendix B.

Section 6: External Referral and Collaboration (15 points)

- Describe your agency's current referral network.
- Describe intended agency collaborations that your organization will establish in order to meet Regional HIV Prevention grant deliverables.
- Indicate which referral services your agency currently provides or will establish for the SFY20 grant year.
  - HIV case management services
  - Major HIV primary medical care providers
  - STD service providers
  - PrEP prescribers
  - nPEP prescribers
  - Local health departments
  - Current Regional HIV Prevention Grant provider programs
  - HIV prevention providers funded by other grants such as IDPH Direct GRF, Quality of Life, Center for Minority Health Services Grantees
  - Programs working to reduce drug injection harms through syringe exchanges, substance abuse treatment, buprenorphine and methadone therapies, detoxification, recovery programs, substance abuse prevention, etc.
  - Social or service organizations serving gay-identified, bisexually active, or other MSM regardless of sexual self-labeling of any race or ethnicity
  - Primary care providers serving homeless, low income, and/or uninsured persons
  - Intimate partner violence programs
  - Employment assistance programs
  - Insurance enrollment assistance programs

Section 7: Personnel (5 points)

- Briefly describe your agency's staffing plan
- As outlined in Appendix D, include job descriptions for positions to be hired as detailed in the agency

staffing plan.

- As outlined in Appendix C, attach resumes and relevant certifications for existing staff who will work on the grant.

Section 8: Organizational Fiscal Capacity (10 points)

- Complete and attach your agency's proposed budget using the template provided in Appendix E. This is a two-page Excel workbook. The Budget Justification worksheet auto-populates the Budget Summary worksheet. Both worksheets must be submitted with the application.
  - Salary and wages
  - Fringe
  - Contractual services
  - Travel
  - Supplies (maximum 15% of budget)
  - Equipment (not to exceed \$5,000 per item)
  - Indirect (maximum of 10% of budget)
  - Fee-for-service
- Describe how your agency will ensure that HIV prevention program monthly billing expenditures under this grant are legal, contractually compliant, accurate, timely, and program-focused.
- All contracts will be paid on a reimbursement basis. Given an expected delay of several months until reimbursement from IDPH and PHIMC:
  - a. Is the agency's cash flow sufficient to begin delivering services immediately upon contract ratification with PHIMC?
  - b. Is the agency able to operate on a reimbursement basis throughout the entire contract period? Please indicate yes or no and provide an explanation.
- Describe how your agency will prepare for on-site Lead Agency fiscal and contract monitoring twice each year.
- As outlined in Appendix F, attach your agency's most recent audited financials with explanation of any findings. Note: if your agency is not required to participate in an independent audit, please submit the following as outlined in Appendix F1-3:
  - F1. Verification of exclusion
  - F2. The cover sheet and table of contents for your agency's fiscal policy manual
  - F3. Attach agency's W-9 form
- Attach Internal Revenue Service 501(c)(3) tax exempt determination letter as outlined in Appendix G.

Section 11: Community Engagement (5 points)

- Describe your agency's strategy to increase the utilization of PrEP by high-risk HIV-negative individuals, particularly young MSM of color, one of the pillars of the Illinois Getting to Zero (GTZ) Initiative.
- Describe your agency's strategy to increase the number of HIV-positive individuals retained in HIV care who remain virally suppressed on their HIV medications, one of the pillars of the Illinois GTZ Initiative.
- Describe your agency's efforts to participate in the Illinois GTZ activities.
- Describe your agency's efforts to participate in the Illinois HIV Integrated Planning Council (IHIPC).

Section 12: Health Equity (5 points)

- How has your agency historically worked towards reducing health inequities?
- In what ways is your agency committed to reducing health inequities in the future? Please provide specific examples.

Provide® Enterprise, billing, vouchering, fee-for-service tracking, and data collection are referenced multiple times throughout the RFP. Agencies should not be discouraged by these terms, particularly those agencies who are less familiar with these systems. PHIMC will provide technical assistance to awarded subcontractors in all these categories.

## 16. APPENDICES

The Appendices can be accessed on the RFP website: <https://www.phimc.org/initiatives/rig8/>. Please note: Appendices are proposal attachments (not included within the 13 page limit) and must be filled out and submitted as part of complete proposal. Please title and attach each document in order as follows:

- [Appendix A](#): Title Page
- [Appendix B](#): Capacity Building Work Plan
- Appendix C: Staff Resumes and Certifications
- Appendix D: Job Descriptions for Positions to Be Hired
- [Appendix E](#): Proposed Budget
- Appendix F: Most Recent Financial Audit + Findings  
If not applicable, attach the following:
  - Appendix F1: Verification of Exclusion
  - Appendix F2: Cover Sheet and Table of Contents for Your Agency's Fiscal Policy Manual
  - Appendix F3: Attach agency's W-9 form
- Appendix G: Internal Revenue Service 501(c)(3) Tax Exempt Determination Letter
- [Appendix H](#): Application Certification
- Appendix I: Letters of Support (2) which can come from partner agencies, a client, funder, or other entity that speak to the value of your work in delivering high quality, high impact HIV prevention services for individuals at risk of HIV.
- Appendix J: Certificate of Good Standing from Illinois Secretary of State